

The Role of Spirituality in Health: The Importance of a Holistic Approach to Patients in Medical Practice

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Abstract:

In Indonesia, religiosity and spirituality have yet to become integral components of medical practice, often remaining separate from conventional approaches such as pharmacological treatments and psychotherapy. Despite most Indonesian physicians adhering to a particular religion, spirituality-based care is rarely applied in clinical settings. Interestingly, surveys from hospitals in the United States reveal that patients desire spiritual dimensions in their healthcare. This study explores the intricate connection between spirituality and health, emphasizing the importance of addressing patients' spiritual needs in the healing process. Employing library research and qualitative descriptive analysis, the findings highlight how spirituality acts as a powerful internal source of strength, fostering meaning, optimism, and resilience in the face of illness. The study reveals that individuals with strong spiritual awareness tend to have more positive attitudes, constructive stress responses, stronger immune systems, and faster recovery times. Historically intertwined with medicine, spirituality has been marginalized in Western practices but remains central in Eastern traditions. The results advocate for healthcare professionals to adopt a holistic approach that integrates biological, psychological, social, cultural, and spiritual dimensions, ultimately enhancing patient well-being and advancing medical practice.

Keywords: constructive stress; healing process; medical knowledge; positive attitude; spiritual dimension.

INTRODUCTION

Medicine and spirituality have a close relationship that has lasted for centuries, reflecting the synergy between spiritual values and medical practices in various cultural and religious traditions (Jones, 2024). In the past, religious figures such as priests and clerics often acted as healers, integrating medical knowledge with spiritual teachings (Riva et al., 2024). This tradition can be seen from the era of Aesculapius in Egypt to modern practices that study the effects of prayer on health. A spirituality-based approach has been proven to provide deep meaning to the relationship between doctor and patient, as well as contribute to the individual's physical and psychological well-being (Elendu, 2024). On a global scale, various civilizations have made spirituality the core of health practices. Ayurveda from India, Buddhist health concepts, and the first hospital built by Emperor Asoka are some examples of how religion and spirituality became the foundation of medical care (Wujastyk, 2022). In the Islamic world, scientists such as Ibn Sina developed an evidence-based approach that includes both physical and spiritual aspects (Ercani & Örsçelik, 2022). His work, *The Canon of Medicine*, is recognized as one of the milestones in the history of medicine that combines philosophy, religious knowledge and medical science. Ibn Sina, who is also known as Avicenna in the Western world, made major contributions through innovations such as experimental methods, physiological measurements, and the introduction of a quarantine system to control the spread of disease

(Ghaffari et al., 2022). His holistic perspective emphasizes the importance of environment, diet, and spirituality as important elements in health.

Spirituality, which is often defined as a feeling of connectedness to something greater than oneself, plays an important role in providing meaning and purpose to life (Ozcan et al., 2021). In a medical context, spirituality has been shown to support physical recovery, reduce stress, and increase optimism, especially for patients facing chronic or terminal illnesses. A study by Vincensi (Vincensi, 2019) confirms that spirituality can be a significant protective factor in facing health challenges, providing emotional support that complements conventional medical interventions.

History shows that many of the world's major religions pay special attention to physical and mental health as an integral part of spiritual life. In early Christianity, hospitals were established as a form of service to the community, often under the management of the church (Wild-Wood et al., 2021). Islam, with its strong scientific tradition, gave birth to doctor-philosophers such as Ar-Razi, Abu Al-Qasim, and Ibn Hayyan, who integrated medical science with philosophy and theology (Francis IV, 2005). Their medicinal recipes are not only science-based but also reflect spiritual values, such as prayers for healing written in their medical formulas. In the Far East, Buddhism and Confucianism also emphasize the importance of caring for the sick as part of social and spiritual responsibility (Niu et al., 2022). From a Sufistic perspective, spiritual health includes not only freedom from physical illness but also from spiritual illnesses such as *shirk* (associating partners with God), *kufr* (disbelief in faith), and *nifaq* (hypocrisy). A spiritually healthy soul is characterized by the qualities of sincerity, monotheism and trust, which reflect a harmonious relationship between the individual and the transcendental dimension. Asy'arie (2012) states that spiritual health contributes directly to a better quality of life because it provides a sense of peace and emotional stability (Asy'arie, 2012).

In the modern era, the medical paradigm is often dominated by a Cartesian approach that separates body and soul (Gaudemard, 2021). This has led to the neglect of the spiritual dimension in much medical practice. Doctors and medical personnel tend to focus more on the biological aspects of disease, while the spiritual needs of patients are often ignored. In fact, surveys in several hospitals in the United States show that many patients want a spiritual approach to their healthcare (Hasenfratz et al., 2021). They hope that doctors will not only understand their physical condition but also provide spiritual support, especially in the face of serious illnesses. This phenomenon does not only occur in Western countries but also in Indonesia, where the majority of people have a strong religious background. However, spirituality has not yet become an integral part of medical practice in Indonesia. Most doctors still rely on conventional methods without involving a spirituality-based approach. A survey by the Ministry of Health in 2014 showed that the provision of nursing care for spiritual needs was not optimal (Talibo et al., 2019). Most nurses focus more on medical instructions, administrative tasks, and technical practices, while the spiritual dimension of patients receives less attention. This creates a gap between patient expectations and the services they receive.

On the other hand, religious communities in Indonesia have a long history of their contribution to the health sector. Muhammadiyah, for example, has established hundreds of hospitals and clinics in various regions as part of their socio-religious mission (Latief, 2012). Likewise, Catholic, Protestant Christian and Adventist communities have built health facilities that serve the wider community regardless of religious background (Mahfudoh, 2020). These initiatives are often driven by spiritual motivation and a passion for service. Verses from holy books such as the Koran and the Bible emphasize the importance of maintaining physical and mental health as part of worshiping God.

However, despite these significant contributions, the integration of spirituality into daily medical practice remains a challenge. For example, prayer and other spiritual rituals are often considered irrelevant personal elements in clinical medicine. In fact, this approach can provide significant psychological and emotional benefits, especially for patients facing pain, uncertainty, or loss of hope. In this context, it is important to understand that spirituality is not just about religion but also about finding meaning, purpose and connection in life (Haurissa, 2024).

A holistic approach involving the spiritual dimension has been proven to be effective in creating life balance. Dubos defines health as a creative process that includes overall quality of life through adaptation to the environment. He emphasized that health does not only consist of physical dimensions but also intellectual, social, emotional, environmental and spiritual (Nainggolan, 2024). A balance between these dimensions is believed to achieve optimal health, with spiritual power as a key element in healing.

International studies show that a spiritual approach to health care can improve clinical outcomes. In the United States, for example, many hospitals have included chaplaincy or spiritual counseling services as part of the care team (Pesut et al., 2012). This approach aims to meet patients' spiritual needs while respecting their diverse cultures and beliefs. In countries such as India and Japan, spiritual traditions are also an integral part of the health system, with the use of meditation, yoga and other relaxation techniques to support the healing process (Ansari, 2021).

This research finds international relevance in highlighting how spirituality as an important dimension of health is applied in various cultural contexts. With the increasing need for a holistic approach in medicine, this research aims to explore the role of spirituality in improving patient well-being. Apart from that, this research also highlights the importance of integrating spirituality into the Indonesian health system to create a more humane and balanced approach (Wulandari, 2023). This becomes increasingly relevant amidst global challenges such as the pandemic, which emphasizes the importance of supporting people's mental and spiritual health.

In facing this challenge, collaboration between educational institutions, health services and religious communities is very important. Educational institutions can play a role by developing competency-based curricula that include aspects of spirituality in the training of medical personnel. Health services need to adopt a more inclusive approach, while religious communities can provide support through programs that integrate spiritual values into medical care. With a more holistic and inclusive approach, medical practices in Indonesia can provide services that not only meet the physical needs but also the spiritual needs of patients. It is hoped that this research can be the first step to encourage a paradigm shift in the health system, which recognizes the importance of spirituality as an integral part of human well-being.

METHOD

The method used in this research is library research which refers to collecting data sources in the form of documents or writings in the form of books, journals and previous research that is relevant to the research object. Descriptive method that utilizes qualitative data. It is called qualitative because the source of information and data collected by researchers is in the form of narrative sentences, not in the form of numbers or data in the form of numbers. This type of research is based on the researcher's efforts to produce detailed and detailed views, ideas and descriptions (Mustari & Rahman, 2012; Rahman, 2020; Silverman, 2015).

Research using literature review is research that involves examining something with critical research on relevant written material which is a source of data so that other ideas can be obtained. By collecting data and information in the form of books, manuscripts, notes, documents and others. Researchers collected data from various literature related to this research (Sugiyono, 2013).

RESULTS AND DISCUSSION

Spirituality in Medical Practice

Spirituality in medical practice has become a topic that has received increasing attention in recent decades. Many health professionals believe that spirituality has a positive influence on a patient's health and healing process. Larson's (1992) research on 139 reports in the *American Journal of Psychiatry* (1978-1989) showed a significant relationship between spirituality and mental health. A survey of 121 prospective psychiatrists also revealed a high awareness among doctors of the importance of this link (Pasiak, 2013). Even though doctors are not priests, scholars, monks, or experts in the field of spirituality, there are at least six important reasons why they need to understand spirituality or discuss it with patients. Many patients, especially in Indonesia, who live in religious environments, expect doctors to consider spiritual aspects in their care. In many cases, prayer is an integral part of the healing process, with patients often offering certain prayers for the healing of their illnesses. This belief gives deep meaning to their experience of illness. For religious patients, their faith or beliefs are often a means that supports the healing process. These people tend to involve religious leaders such as clerics or priests in their healing efforts, even resorting to long-distance healing methods through prayer from their religious community (Pasiak, 2013). This approach shows how faith can be a source of strength and comfort.

There are situations where patients must be isolated from their religious community while hospitalized. This condition often deprives patients of the spiritual support they need. In serious cases that require

complete rest, patients are usually not allowed to receive visits from unauthorized parties. This creates a need for doctors to understand patients' spiritual needs so that they feel supported. A patient's religious beliefs can influence the medical decisions they make. This can cause conflict between patients, families, and medical personnel, especially when certain treatments conflict with religious values (Pasiak, 2013). For example, the use of Fraxiparin, an anti-thrombosis drug based on pork enzymes, is often a source of controversy for Muslim patients. In these situations, doctors often have to be in the middle of the conflict, where the advice of clerics or priests often has greater influence than medical advice.

Involvement in religious activities is known to have a significant impact on a person's physical and mental condition. Research shows that religious beliefs can have a positive impact on health (Pasiak, 2013). In the Netherlands, for example, more religious doctors tend to reject the practice of euthanasia or other aggressive medical procedures on terminal patients. Instead, they focus more on spiritual support designed to provide comfort to patients at the end of life (Gijsberts et al., 2019). Religious beliefs can have the effect of support and acceptance from the community for patients. In Indonesia, the tradition of visiting sick people at home is part of a deeply held social obligation. This habit creates a social support network that helps patients become stronger, more steadfast, and more patient in facing their conditions (Pasiak, 2013). This tradition shows how spirituality is not only part of personal beliefs but also an element that strengthens social relationships.

However, amidst these benefits of spirituality, big challenges remain, especially related to health literacy and spirituality. The problem of health literacy is a major issue among patients and communities, which requires health education to change help-seeking behavior (Seyi-Oderinde, 2021). On the other hand, religiosity and spirituality literacy among health professionals also need to be improved to support holistic services that include bio-psycho-socio-spiritual aspects (Hsiao, 2004).

International studies provide evidence that strengthens this relevance. For example, in the United States, surveys in several hospitals showed that the majority of patients wanted a spiritual approach to their healthcare (MacLean et al., 2003). In the Netherlands, almost half of the services provided by doctors to elderly patients are spiritual in nature (Gijsberts et al., 2019). This emphasizes the importance of collaboration between medical and spiritual dimensions in providing optimal services.

In the Indonesian context, the role of religious communities in health services is something that cannot be ignored. Communities such as Muhammadiyah, Catholics, Protestant Christians, and Adventists have established many hospitals motivated by spiritual passion and values. These hospitals not only provide medical services but also offer their signature spiritual support. This initiative is in line with Dubos' findings that health is a creative process that includes overall quality of life through adaptation to the environment. A holistic approach that emphasizes balance between physical, intellectual, social, emotional, environmental and spiritual dimensions is believed to be able to achieve optimal health (Yusuf, 2016). Thus, understanding and integrating spirituality in medical practice is not only a necessity for patients but also for health professionals. Health education that includes religiosity and spirituality literacy can be the first step to creating more holistic and humane health services (C. M. Puchalski et al., 2014). The international case studies above show that this approach is not only locally relevant but is also recognized globally as an important element of quality health care.

Integration of spirituality in medical practice

Religiosity and spirituality services are now applied in patient-focused medicine, replacing the focus on disease. Religiosity helps patients overcome discomfort with religious beliefs, while doctors' understanding of patients' religiosity allows them to see the patient as a whole, promoting a better relationship between patient and doctor (Riklikienė et al., 2019). More than 75% of patients believe that doctors should integrate spiritual approaches into health care. Around 40% of patients hope that doctors can discuss their religion and beliefs, while almost 50% want doctors to pray for their recovery (Pasiak, 2013). Religion and medical services have long been an integrated part of health services. However, as medicine developed in the Western world, these two elements began to be separated. In contrast, in the Eastern world, the role of religion is maintained in health service practices (Romadhon, 2023). Benor, through his analysis of 131 controlled studies on spirituality and healing, found that scientists often reject spiritual healing because of materialistic tendencies to recognize only material things as scientific and the cognitive dissonance that arises when their beliefs conflict with concrete evidence, fueling irrational rejection. To overcome these obstacles, the integration of spirituality in medical practice needs to start with medical education. In

America, the Association of American Medical Colleges (2001) recommends a curriculum adopted by medical schools, which is then implemented in the practice of medical education in that country. Many patients expect to discuss aspects of their religiosity and spirituality when dealing with illness, while medical students feel awkward if their views differ from those of patients and feel more comfortable if they share similar views. In religious societies, spirituality is related to religious values, while in non-religious societies, the focus is more on spirituality than religion (Romadhon, 2023).

JCAHO (Joint Commission for the Accreditation of Healthcare Organizations), the agency that provides accreditation for hospitals in America, requires that every hospitalized patient have documentation regarding their spiritual and religious life, including for patients who are treated at home or receive home health services through a health agency. This documentation must be compiled and published by JCAHO on their website.

- 1) Utilizing information about religiosity and spirituality in medical practice can produce a variety of effects.
- 2) Gathering patient spirituality information often stops before treatment begins, with no follow-up solutions.
- 3) Integrating spirituality into care can help patients utilize prayer, meditation, yoga, and more to support the healing process.
- 4) Adding spirituality to treatment, such as allowing patients to use the Rosary, listen to ritual music, or read scriptures before medical procedures.
- 5) Adjusting the treatment plan based on the patient's condition, such as stopping or continuing chemotherapy, referring the patient, using community support, or teaching relaxation techniques (Pasiak, 2013).

Religiosity and spirituality contribute to the process of physical healing, psychological adaptation, and overall improvement in function and health. In a meta-analysis, it was found that religiosity and spirituality can function as protective factors against the risk of coronary heart disease. Religiosity and spirituality have significant links to medicine and the health professionals who provide services. Working in the health sector often makes them vulnerable to stress and burnout. Higher levels of religiosity and spirituality in health workers are associated with the ability to overcome stress and reduce the impact of work-related burnout (Romadhon, 2023).

The mechanism of the relationship between spirituality and health

Spirituality is often an invisible dimension in the world of health, even though its role is very significant. In simple terms, spirituality can be understood as a person's attempt to find the meaning of life, understand the purpose of existence, and establish a relationship with a power greater than himself (Nainggolan, 2024). This concept, according to Florence Nightingale, is a process of awareness that instills good values and creates conditions that support quality of life. In this context, spirituality is not only part of a person's religious beliefs but also touches on more universal aspects of humanity (Nightingale, 2012).

In nursing practice, spirituality is not just an additional element but also an integral part of holistic care. This dimension includes the values, meaning and purpose of life, which are related to important aspects such as love, wisdom and self-mastery. Furthermore, spirituality provides transcendental powers that help patients find a balance between their body, mind, and spirit. Koenig and King (2009) stated that this balance is very important in supporting the healing process, especially when patients face serious challenges such as chronic or terminal illnesses (Koenig & King, 2009).

The relationship between spirituality and health can be explained through several main mechanisms. First is a behavioral mechanism, in which spirituality encourages individuals to adopt a healthy lifestyle. People who are religiously involved tend to avoid harmful habits such as smoking, alcohol abuse, or taking illegal drugs. Apart from that, they are also more likely to have a regular lifestyle, pay attention to nutrition, and maintain a balance of physical activity. This not only has a positive impact on physical condition but also helps individuals be more responsive to treatment and better prepared to face health crises (Dolcos et al., 2021).

Apart from behavior, social mechanisms also play an important role. Religious or spiritual communities are often places where individuals find emotional support and social solidarity. The presence of a mutually supportive group creates a positive environment for patients, helping them face the disease with more optimism. The sense of belonging that arises from active involvement in these spiritual groups provides invaluable additional encouragement in their recovery journey (Balboni et al., 2022).

Not only that, the psychological mechanisms of spirituality also have a significant impact. Belief in transcendental powers, a positive outlook on life, and involvement in religious rituals all contribute to a

person's mental health (Rosmarin et al., 2022). Research shows that people who have high religious commitment tend to be happier, have lower stress levels, and are better able to cope with grief or trauma resulting from illness. Religious coping, or the way a person uses their beliefs to face challenges, is often an effective source of strength in difficult situations (Dolcos et al., 2021).

Meanwhile, physiological mechanisms explain how spirituality directly affects the body (Rosmarin et al., 2022). Practices such as meditation, prayer or *dhikr* have a marked relaxing effect, which can reduce levels of stress hormones such as cortisol, as well as regulate blood pressure and heart rate. This process not only helps reduce physical tension but also creates conditions that support the body's natural recovery (Van Cappellen & Edwards, 2021). Thus, the relationship between spirituality and health includes various complementary aspects, from behavior to physiology. However, despite mounting evidence supporting the importance of spirituality in health, research in this area still faces challenges. Most studies focus on the Judeo-Christian tradition, while other traditions, such as Islam or Buddhism, have been relatively less explored. In fact, practices in this tradition, such as *zikr* in Islam or meditation in Buddhism, also have a significant impact on physical and mental health (Litalien et al., 2022).

In the context of modern healthcare, a holistic approach is becoming increasingly relevant for integrating spirituality into healthcare. This approach views humans as multidimensional creatures, where biological, psychological, social and spiritual aspects are all interconnected. According to Dossey (2005), a holistic approach helps health workers understand patients more thoroughly, enabling them to provide care that not only cures the disease but also improves the patient's overall quality of life (Dossey et al., 2005). The integration of spirituality into health care brings both challenges and opportunities. A major challenge is developing theories and models that support holistic healing, which includes rational medical approaches such as the use of medication and therapy, as well as transcendental approaches involving prayer, spiritual counseling, and personal reflection. These two approaches do not conflict with each other but rather complement each other, creating the harmony necessary to support the healing process. Through various mechanisms—both behavioral, social, psychological, and physiological—spirituality makes a significant contribution to individual well-being. A holistic approach that considers the spiritual dimension allows health workers to provide more humane services, supporting patients not only to heal physically but also to find meaning and peace in their healing journey (de Brito Sena et al., 2021). Thus, spirituality is not just a complement but rather the core of efforts to achieve comprehensive health.

Spirituality and health: the role of meaning in life

The search for the meaning of life is at the core of spirituality and religion, as well as being one of its main functions. Doyle stated that the essence of spirituality is an attempt to find existential meaning. The meaning of life gives the soul wealth that cannot be obtained from material things or social status (Doyle, 2008). When people find their purpose in life, they tend to be happier, more psychologically satisfied and have better mental health. On the other hand, losing the meaning of life can make individuals feel empty, lose direction, and find it difficult to position themselves in life (Doyle, 2009). In the medical world, the search for the meaning of life is an important element in the healing process. For patients facing serious illnesses, physical suffering is often accompanied by emotional and spiritual suffering. This is where the important task of medical personnel begins: helping patients find meaning in their suffering. Viktor Frankl, a psychiatrist and Holocaust survivor asserted that "man is not destroyed by his suffering, but by suffering that has no meaning in life." When someone is able to understand the meaning of the pain they experience, that suffering can be turned into an experience that enriches the soul rather than destroying it (Frankl, 1963).

Health, or wellness, is a condition where various dimensions of human needs—spiritual, social, emotional, intellectual, physical, occupational and environmental—are in balance (Ciziceno, 2022). Spiritual balance, in particular, is achieved when a person feels in harmony with himself, others, and the universe (Henrietta, 2023). However, this balance can be disturbed, especially when a person faces a diagnosis of a serious, life-threatening illness. Spiritual imbalance can give rise to feelings of helplessness, loss of hope, and emotional distress that worsen the patient's physical condition. The healing process often involves experiences that are both rational and paradoxical. In holistic nursing, this concept is translated into complementary and alternative therapies (complementary and alternative therapy, CAM), which combine multiple approaches to support the healing of the body, mind, and spirit (Frank & Lambert, 2024). This paradigm recognizes that the body, thought (*mind*), and soul (*spirit*) are elements that are interconnected and influence each other. The word "*healing*"

itself comes from the root word "*hol*", which means "entire" and is also rooted in the concept of "*holy*," reflects an approach that sees humans as a unified whole (Deng et al., 2024).

The holistic health service model has evolved from a focus on the patient's physical, psychological and social aspects toward integrating the spiritual dimension (Puchalski, 2021). This approach not only views disease as a purely biological problem but also as an existential experience that can change the way a person views life. In practice, medical personnel can use reflective questions such as, "To what extent do you find meaning in life?" or "How hopeful are you for the future?" to explore the patient's spiritual needs. The integration of religiosity and spirituality in health services has significant benefits. This approach not only helps patients find meaning in their suffering but also increases adherence to therapy and a sense of responsibility for the healing process (Oxhandler et al., 2024). In patients with chronic or terminal illnesses, spiritual well-being can reduce fatigue, distress, cognitive impairment, and other physical symptoms such as loss of appetite (Esat et al., 2024). Additionally, this holistic approach also helps reduce the need for aggressive medical interventions, which not only reduces the patient's physical burden but also reduces overall healthcare costs.

Spiritual well-being provides space for patients to find hope and peace, even amidst difficult conditions (Chilokoa, 2025). An approach that focuses on quality of life, rather than solely eliminating symptoms, allows patients to feel more empowered and valued as whole individuals (Thenoux, 2025). Thus, the integration of the meaning of life in health care not only reflects the human dimension of medical practice but also makes a real contribution to better healing outcomes (Ghosh & Raj, 2025). Ultimately, the meaning of life becomes the foundation that supports a person's spiritual health. By helping patients find meaning in their lives, medical personnel not only provide physical care but also touch the deepest dimensions of the patient's humanity. This process creates a harmony that supports a balance between body, mind, and spirit, which in turn strengthens the patient's ability to face health challenges better and with more hope (Calderón Villarreal, 2025).

The meaning of life and human uniqueness

Religiosity and spirituality can help patients focus on meaning, purpose in life, and peace of mind, by seeing the positive side of events that are generally considered negative (Romadhon, 2023). Spirituality is a human effort to search for the meaning of life through relationships with oneself, other people, and God. As a complete creature created by God, humans consist of physical, psychological, social, spiritual and cultural aspects. However, life pressure and competition often cause feelings of frustration and inadequacy (Jb, 2017). When people are healthy with bodily functions and aspects of their lives going well, they often forget that this condition is not always permanent. When one function is disrupted, it becomes a challenge that requires adaptation and recovery efforts. If recovery fails, humans tend to look for spiritual strength outside of themselves (Ariyadi, 2021). Humans, as *Homo sapiens*, are unique and superior thanks to their brains which are capable of thinking uniquely (Falcucci et al., 2025). Brain development, both phylogenetic and ontogenetic, shows a process of improvement that increases the complexity of brain function (Jeste & Hall, 2025). Genetically, there are significant differences between the genes of humans and those of their closest mammals. 30 years of genetic research shows that human genes have similarities to those of great apes, especially gorillas and chimpanzees. Protein electrophoresis tests revealed that the genetic similarity of humans and chimpanzees is equivalent to the similarity between morphologically similar species of fruit flies or sunfish (Falcucci et al., 2025).

In management practice, a deeper meaning is reflected in the meaning of "inspired" according to Stephen Covey. For Covey, this involves more than just inspiring others. Duty, love, and meaning are the primary sources of motivation that produce high and lasting achievement. The drive to be meaningful involves emotional and spiritual aspects, which Covey, Danah Zohar, and other experts recognize as a spiritual drive. Strong faith gives confidence that life has purpose and meaning, as well as a sense of not living alone in this world. Thus, having meaning is part of human spiritual quality. The spiritual component in humans, apart from the physical and mental, provides an important place for the desire to achieve meaning in life goals (Pasiak, 2013). Every individual has a drive to be meaningful to others, although at different levels. The need to be needed and have meaning are mutually supportive. The meaning of life is the deepest element that goes beyond physical limits and takes humans to a higher level in evolution. The search for a meaningful life has been carried out by humans throughout the ages, although in different ways (Herlina et al., 2025). Many religious figures such as the Prophet Muhammad SAW, Jesus Christ, and Gautama Buddha are considered to bring meaning to life for their followers.

Interventions that integrate religiosity and spirituality in mental health have been shown to support increased well-being, a sense of peace, and meaning in life, as well as reducing suicide, depression, anxiety, and substance abuse. The impact is felt not only in mild to moderate cases but also in severe mental disorders (Reynolds & Hodge, 2019). Viktor Frankl, a Jewish neuropsychiatrist in Vienna, Austria, studied the meaning of life systematically through the theory of logotherapy. Although logotherapy does not contain religious connotations, it was later discovered that religion and spirituality are the basis for the meaning and purpose of human life (Frankl, 1963). Fabri and Allen define the meaning of life in five terms which relate to the ways in which the meaning of life emerges in specific situations (Allen et al., 1980).

The meaning of life emerges when a person finds himself (self-discovery). *Second*, the meaning of life also emerges when a person is faced with a situation that requires him to choose between two or more options. Third, the meaning of life emerges when a person realizes that he or she is special, unique, and cannot be replaced by anyone else. Fourth, the meaning of life emerges when someone successfully carries out their responsibilities in facing difficult situations. The meaning of life according to Frankl is subjective and oriented to the individual (Frankl, 1963). In a broader dimension, the meaning of life reflects spirituality through social relationships, where a person becomes useful, inspiring and leaves a valuable legacy, while discovering his unique existence as a human being. Aspects of religiosity and spirituality are now receiving great attention from scientists, and are considered important elements in human life as well as determining factors in the processes of health, disease and healing, along with physical, psychological and social factors. Academics consider religiosity, spirituality, and social support as factors that influence a patient's ability to overcome chronic illness (Romadhon, 2023).

The social and interpersonal dimensions of the meaning of life place a person in the context of relationships between human beings. The stories of prophets and great figures teach that human relationships are an important part of human existence. For example, the Prophet Muhammad SAW, after receiving a revelation from Allah in the Cave of Hira, did not choose to continue to be alone, enjoying his personal relationship with Allah. Instead, he came out of the cave, returned to society, and lived a social life as he should. The statement, "The best people are those who benefit others," is reflected in the actions of Sidharta Gautama, Mahatma Gandhi, Mother Teresa, and Muhammad Yunus. They leave personal comfort to blend into society and build a better life together (Pasiak, 2013). Mental resilience is very necessary for successful health management, which consists of five main aspects: Calmness, namely having a balanced view of life. Independence, namely believing in yourself and your ability to overcome challenges. Existential self, namely realizing that every life is unique. Perseverance, namely the spirit to continue fighting even when facing obstacles. Meaning of life, namely understanding that life has a purpose and valuing personal contributions (Riklikienė et al., 2019).

In a global context, research on religiosity and spirituality shows that these factors have a significant impact on mental and emotional well-being across cultures. For example, a study conducted in the United States found that individuals who have strong religious beliefs are more likely to experience peace of mind, a sense of purpose, and deep social connectedness (Balboni et al., 2022). These findings are in line with the results of a European study showing that involvement in religious or spiritual practices can reduce levels of anxiety and depression in individuals facing chronic illness (Aggarwal et al., 2023). Moreover, in Asian countries, such as Japan and South Korea, where traditions of spirituality rooted in Buddhism and Shintoism are still very strong, many studies show that meditation and contemplation contribute to the mental and physical recovery of patients, as well as increasing their resilience against stress. A study in Japan showed that the practice of Zen meditation not only improved spiritual well-being but also significantly helped reduce symptoms of mental disorders such as depression and anxiety (Yoshida et al., 2022).

In developing countries, such as India and some countries in Africa, the meaning of life is often found through religious practices and social communities. For example, research in India shows that religiosity provides hope and a sense of social responsibility that leads to positive behavior in the community, such as engaging more in volunteer activities and supporting others (Fraenkel et al., 2021). This shows how the meaning of life is not only related to personal achievements but also to greater social contributions. Furthermore, international research also reveals that understanding of the meaning of life and human uniqueness can vary based on cultural and social backgrounds. For example, in Western countries, such as the United States, the search for meaning in life often focuses more on individual achievement and personal freedom, while in Eastern countries, such as China and Korea, the search for meaning is often more related to collectivity and responsibility in society (Park et al., 2023).

This integrative approach combining religiosity, spirituality and social support has proven effective in various international contexts. Research conducted in Brazil, for example, found that social support based on religious teachings played an important role in improving patients' mental well-being, reducing stress, and accelerating their recovery from physical and mental disorders (Alkhadra et al., 2022). This reinforces the view that the spiritual and social aspects of human life, regardless of place and time, have a profound impact on mental health and well-being. The meaning of life, which is found through relationships with oneself, others, and God, becomes a solid foundation for facing life's challenges. Therefore, it is important for the global community to appreciate and utilize the role of religiosity and spirituality in the context of mental health, as also expressed by experts such as Viktor Frankl in his works on logotherapy, which emphasizes the search for the meaning of life as an important element in human existence (Frankl, 1963).

CONCLUSION

Spirituality has been an important part of medicine since ancient times, many doctors are also religious figures who harmonize religious teachings with medical knowledge. Pastors and religious scholars often act as healers. Many health professionals believe that spirituality has a positive effect on health and the healing process. In a Sufistic perspective, spiritual health refers to a state of the soul that is free from spiritual disease. Health consists of six main dimensions: physical, intellectual, social, emotional, environmental, and spiritual, which influence each other to create balance in life. A holistic approach that emphasizes dimensional balance is believed to achieve optimal health. Spiritual strength also plays an important role in healing and fulfilling spiritual needs when facing health problems. Religiosity helps patients overcome discomfort with religious beliefs, while physicians' understanding of a patient's religiosity allows them to see the patient as a whole, promoting a better relationship between patient and physician. There are four mechanisms to measure the influence of spirituality on health, namely behavioral mechanisms, social mechanisms, psychological mechanisms and physiological mechanisms. The connection between spirituality and healing is explained through a holistic approach in nursing, where health workers need to consider all client dimensions, such as biological, psychological, social, cultural and spiritual. In medical practice, the meaning of life is important in the therapeutic process to protect and improve health. The main challenge for medical personnel is to help patients find meaning in the suffering caused by the disease. Health (wellness) refers to the balance between various aspects of human needs, such as spiritual, social, emotional, intellectual, physical, occupational and environmental. Spiritual health is achieved when a person feels harmony with themselves, others, and the universe.

REFERENCES

- Aggarwal, S., Wright, J., Morgan, A., Patton, G., & Reavley, N. (2023). Religiosity and spirituality in the prevention and management of depression and anxiety in young people: a systematic review and meta-analysis. *BMC Psychiatry*, 23(1), 729.
- Alkhadra, M. A., Su, X., Suss, M. E., Tian, H., Guyes, E. N., Shocron, A. N., Conforti, K. M., De Souza, J. P., Kim, N., & Tedesco, M. (2022). Electrochemical methods for water purification, ion separations, and energy conversion. *Chemical Reviews*, 122(16), 13547–13635.
- Allen, F. E., Carter, J. L., Fabri, J., Ferrante, J., Harrison, W. H., Loewner, P. G., & Trevillyan, L. H. (1980). The experimental compiling system. *IBM Journal of Research and Development*, 24(6), 695–715.
- Ansari, S. (2021). Overview of traditional systems of medicine in different continents. In *Preparation of Phytopharmaceuticals for the Management of Disorders* (pp. 431–473). Elsevier.
- Ariyadi, S. (2021). *Resepsi Al-Qur'an dan Bentuk Spiritualitas Jawa Modern: Kajian Praktik Mujahadah dan Semaan al-Qur'an Mantab Purbojati Keraton Ngayogyakarta Hadiningrat*. Penerbit A-Empat.
- Asy'arie, M. (2012). *Spiritualitas dan keberagamaan: Tahap faith, thought dan discovery. Disampaikan pada Seminar Pemantapan Ekspresi Kecerdasan Spiritual melalui Pendekatan Agama dari Filsafat dan Pendidikan*. Komisi Imtak Graha Masyarakat Ilmiah Kedokteran & FMI, Fakultas Kedokteran Unair. Tidak dipublikasikan.
- Balboni, T. A., VanderWeele, T. J., Doan-Soares, S. D., Long, K. N. G., Ferrell, B. R., Fitchett, G., Koenig, H. G., Bain, P. A., Puchalski, C., & Steinhauser, K. E. (2022). Spirituality in serious illness and health. *Jama*, 328(2), 184–197.

- Calderón Villarreal, C. (2025). I Want to (Be) Leave! Trajectories for the Experience of Irreligious Conversion in Young Adults Residing in Santiago, Chile. *International Journal of Latin American Religions*, 1–37.
- Chilokoa, M. (2025). "I am because we are": African and Buddhist perspectives on relationship and human flourishing. In *Relational Practice: New Approaches to Mental Health and Wellbeing in Schools* (pp. 48–61). Routledge.
- Ciziceno, M. (2022). The conceptions of quality of life, wellness and well-being: A literature review. *Sport and Quality of Life: Practices, Habits and Lifestyles*, 11–27.
- de Brito Sena, M. A., Damiano, R. F., Lucchetti, G., & Peres, M. F. P. (2021). Defining spirituality in healthcare: A systematic review and conceptual framework. *Frontiers in Psychology*, 12, 756080.
- Deng, G., Feng, X., Zhang, H., Li, L., Cao, Q., Fu, Y., & Zhou, X. (2024). Efficacy and safety of moxibustion as a complementary and alternative therapy for asthma: A systematic review and meta-analysis. *International Immunopharmacology*, 139, 112760.
- Dolcos, F., Hohl, K., Hu, Y., & Dolcos, S. (2021). Religiosity and resilience: Cognitive reappraisal and coping self-efficacy mediate the link between religious coping and well-being. *Journal of Religion and Health*, 1–14.
- Dossey, A. M., Keegan, L., & Guzzetta, C. E. (2005). *Holistic nursing: A handbook for practice* (4th ed.). Jones and Bartlett Publisher Inc.
- Doyle, C. L. (2008). *Befriending Life: An Approach to Retreat Work in the Tradition of Creation Spirituality*. Library and Archives Canada= Bibliothèque et Archives Canada, Ottawa.
- Doyle, T. P. (2009). The spiritual trauma experienced by victims of sexual abuse by Catholic clergy. *Pastoral Psychology*, 58(3), 239–260.
- Elendu, C. (2024). The evolution of ancient healing practices: From shamanism to Hippocratic medicine: A review. *Medicine*, 103(28), e39005.
- Ercani, S., & Örsçelik, A. (2022). Avicenna's Perspective of Exercise: Content Analysis of the "Canon of Medicine". *Mersin University School of Medicine Lokman Hekim Journal of History of Medicine & Folk Medicine*, 12(3).
- Esat, G., Pasha-Zaidi, N., Rizvi, S., Parker, J. S., & Smith, B. H. (2024). Integration of religion and spirituality into culturally responsible school psychology practice. *School Psychology Review*, 1–16.
- Falcucci, A., Giusti, D., Zangrossi, F., De Lorenzi, M., Ceregatti, L., & Peresani, M. (2025). Refitting the Context: A Reconsideration of Cultural Change among Early Homo sapiens at Fumane Cave through Blade Break Connections, Spatial Taphonomy, and Lithic Technology. *Journal of Paleolithic Archaeology*, 8(1), 1–37.
- Fraenkel, L., Bathon, J. M., England, B. R., St. Clair, E. W., Arayssi, T., Carandang, K., Deane, K. D., Genovese, M., Huston, K. K., & Kerr, G. (2021). 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. *Arthritis & Rheumatology*, 73(7), 1108–1123.
- Francis IV, E. W. (2005). *Islamic symbols and Sufi rituals for protection and healing: Religion and magic in the writings of Ahmad ibn Ali al-Buni (d. 622/1225)*. University of California, Los Angeles.
- Frank, L., & Lambert, K. (2024). Use of Complementary and Alternative Therapies in People with Inflammatory Bowel Disease. *International Journal of Environmental Research and Public Health*, 21(9), 1140.
- Frankl, V. E. (1963). *Man's Search for Meaning*. Beacon Press.
- Gaudemard, L. (2021). The Emergence of the Cartesian Self. In *Rethinking Descartes's Substance Dualism* (pp. 87–135). Springer.
- Ghaffari, F., Taheri, M., Meyari, A., Karimi, Y., & Naseri, M. (2022). Avicenna and clinical experiences in Canon of Medicine. *Journal of Medicine and Life*, 15(2), 168.
- Ghosh, O., & Raj, M. S. S. (2025). The Vital Role of Emotions in Health Decision-Making. In *Behavioral Economics and Neuroeconomics of Health and Healthcare* (pp. 299–332). IGI Global.
- Gijsberts, M.-J. H. E., Liefbroer, A. I., Otten, R., & Olsman, E. (2019). Spiritual care in palliative care: a systematic review of the recent European literature. *Medical Sciences*, 7(2), 25.
- Gijsberts, M. J. H. E., Steen, J. T., Hertogh, C. M. P. M., & Deliens, L. (2019). Spiritual care provided by nursing

- home physicians: A nationwide survey. *BMJ Supportive & Palliative Care*, 1–9.
- Hasenfratz, K., Moergeli, H., Sprott, H., Ljutow, A., Hefti, R., Rittmayer, I., Peng-Keller, S., & Rufer, M. (2021). Do chronic pain patients wish spiritual aspects to be integrated in their medical treatment? A cross-sectional study of multiple facilities. *Frontiers in Psychiatry*, 12, 685158.
- Haurissa, N. N. (2024). *Tinjauan Spiritualitas dalam Konsep Ade Kaka pada HIPMMA (Himpunan Pelajar dan Mahasiswa Maluku) di Fakultas Teologi UKSW Salatiga*.
- Henrietta, H. M. (2023). A Comprehensive Review on Human Health, Promoting the Well-Being of Teaching Professionals. *International Journal of Environment, Engineering and Education*, 5(2), 79–86.
- Herlina, N., Hasugian, F., Sibarani, D., Telaumbanua, Y., & Simanjuntak, W. (2025). Analisis Konsep Adat Istiadat Yahudi dan Pendidikan Multikultural dalam Pembelajaran Pluralisme. *Journal of Mandalika Literature*, 6(2), 361–376.
- Hsiao, A.-F. (2004). *What is integrative medicine and what difference does it make?* University of California, Los Angeles.
- Jb, M. C. (2017). Spiritualitas Islam dalam budaya wayang kulit masyarakat Jawa dan Sunda. *Jurnal Sosiologi Agama*, 9(1), 38–61.
- Jeste, D. V., & Hall, M.-H. (2025). Guest Editorial: Wisdom-Focused Intervention Reduces Loneliness: Proposing an Evolutionary Basis for Wisdom and Social Cooperation to Reduce Loneliness in the Homo sapiens. *The American Journal of Geriatric Psychiatry*, 33(1), 31–33.
- Jones, T. W. (2024). Secularisation, Wellness Industries, and Nonreligious Spiritual Health Care. In *Narratives of Wellbeing* (pp. 37–54). Springer.
- Koenig, H. G., & King, D. E. (2009). Conceptualising spirituality for medical research and health service provision. *BMC Health Services Research*, 9(12).
- Latief, H. (2012). Filantropi Islam dan Aktivisme Sosial Berbasis Pesantren di Pedesaan. *Afkaruna: Indonesian Interdisciplinary Journal of Islamic Studies*, 8(2), 167–187.
- Litalien, M., Atari, D. O., & Obasi, I. (2022). The influence of religiosity and spirituality on health in Canada: A systematic literature review. *Journal of Religion and Health*, 61(1), 373–414.
- MacLean, C. D., Susi, B., Phifer, N., Schultz, L., Bynum, D., Franco, M., Klioze, A., Monroe, M., Garrett, J., & Cykert, S. (2003). Patient preference for physician discussion and practice of spirituality: results from a multicenter patient survey. *Journal of General Internal Medicine*, 18(1), 38–43.
- Mahfudoh, S. (2020). *Ekofeminisme Dalam Perspektif Kristen Dan Islam (Studi Autokritik Ivone Gebara Dan Pemikiran Sachiko Murata)*.
- Mustari, M., & Rahman, M. T. (2012). *Pengantar Metode Penelitian*. Laksbang Pressindo.
- Nainggolan, N. K. (2024). *Tinjauan Kritis terhadap Spiritualitas Guru Sekolah Minggu Gereja Kristen Pasundan Jemaat Cianjur dari Perspektif Teori Perkembangan Iman James Fowler*.
- Nightingale, F. (2012). *Florence Nightingale and Hospital Reform: Collected Works of Florence Nightingale, Volume 16* (Vol. 16). Wilfrid Laurier Univ. Press.
- Niu, Y., McSherry, W., & Partridge, M. (2022). Exploring the meaning of spirituality and spiritual care in Chinese contexts: A scoping review. *Journal of Religion and Health*, 61(4), 2643–2662.
- Oxhandler, H. K., Canda, E. R., Polson, E. C., Husain, A., & Parrish, D. E. (2024). Promoting religious and spiritual competencies in clinical social work: Considerations, potential barriers, and supports. *Spirituality in Clinical Practice*.
- Ozcan, O., Hoelterhoff, M., & Wylie, E. (2021). Faith and spirituality as psychological coping mechanism among female aid workers: a qualitative study. *Journal of International Humanitarian Action*, 6(1), 15.
- Park, H., Cho, H., & Yoo, S. Y. (2023). A Model for Predicting the Psychological Well-Being of Older Adults in South Korea. *International Journal of Mental Health Promotion*, 25(11).
- Pasiak, T. (2013). *Tuhan dalam otak manusia*. Mizan Pustaka.
- Pesut, B., Reimer-Kirkham, S., Sawatzky, R., Woodland, G., & Peverall, P. (2012). Hospitable hospitals in a

- diverse society: From chaplains to spiritual care providers. *Journal of Religion and Health*, 51, 825–836.
- Puchalski, C. (2021). Spiritual care in health care: Guideline, models, spiritual assessment and the use of the© FICA Spiritual History Tool. In *Spiritual Needs in Research and Practice: The Spiritual Needs Questionnaire as a Global Resource for Health and Social Care* (pp. 27–45). Springer.
- Puchalski, C. M., Vitillo, R., Hull, S. K., & Reller, N. (2014). Improving the spiritual dimension of whole person care: reaching national and international consensus. *Journal of Palliative Medicine*, 17(6), 642–656.
- Rahman, M. T. (2020). *Filsafat Ilmu Pengetahuan*. Prodi S2 Studi Agama-Agama UIN Sunan Gunung Djati Bandung.
- Reynolds, C., & Hodge, D. R. (2019). Spirituality among people with disabilities: A nationally representative study of spiritual and religious profiles. *Health & Social Work*, 44(2), 75–85.
- Riklikienė, O., Spirgienė, L., & Kaselienė, S. (2019). Spiritual wellbeing and spiritual needs: Association of religiosity and spirituality with the perception of cancer patients. *Journal of Religion and Health*, 9(1), 19–26.
- Riva, M. A., Valnegri, C., & Invernizzi, P. (2024). The liver in Christian thought: Symbolism, morality, and spirituality. *Clinical Liver Disease*, 23(1), e0236.
- Romadhon, Y. A. (2023). *Integrasi kedokteran keluarga dan Islam dalam praktik kedokteran layanan primer*. Muhammadiyah University Press.
- Rosmarin, D. H., Kaufman, C. C., Ford, S. F., Keshava, P., Drury, M., Minns, S., Marmarosh, C., Chowdhury, A., & Sacchet, M. D. (2022). The neuroscience of spirituality, religion, and mental health: A systematic review and synthesis. *Journal of Psychiatric Research*, 156, 100–113.
- Seyi-Oderinde, D. R. (2021). Rethinking mental health literacy programmes for enhanced help-seeking behaviour among young male adults. *Interdisciplinary Journal of Rural and Community Studies*, 3(2), 41–50.
- Silverman, D. (2015). *Interpreting Qualitative Data*. Sage Publications.
- Sugiyono. (2013). *Metode Penelitian Pendidikan Pendekatan Kuantitatif, Kualitatif*. Alfabeta.
- Talibo, N. A., Kurniati, T., & Widakdo, G. (2019). Penerapan Bentuk Perilaku Islami terhadap Kemampuan Perawat Mengimplementasi Asuhan Keperawatan Islami di Ruang Rawat Inap. *Journal of Telenursing (JOTING)*, 1(2), 324–333.
- Thenoux, F. (2025). Breaking Down Barriers: Nurturing Our Resistance, Reclaiming Our Space, and Calling for Shared Responsibility. In *Hispanic Perspectives on Student Support and Community Empowerment* (pp. 175–196). IGI Global Scientific Publishing.
- Van Cappellen, P., & Edwards, M. E. (2021). The embodiment of worship: Relations among postural, psychological, and physiological aspects of religious practice. *Journal for the Cognitive Science of Religion*, 6(1–2), 56–79.
- Vincensi, B. B. (2019). Interconnections: Spirituality, spiritual care, and patient-centered care. *Asia-Pacific Journal of Oncology Nursing*, 6.
- Wild-Wood, E., Grant, L., Adedibu, B., Barnard, A., Ojore, A., & Way, Y. (2021). The public role of churches in early responses to Covid-19 in Africa: Snapshots from Nigeria, Congo, Kenya and South Africa. *Studies in World Christianity*, 27(1), 65–84.
- Wujastyk, D. (2022). The Evidence for Hospitals in Early India. *History of Science in South Asia*, 10, 1–43.
- Wulandari, T. (2023). Transintegration of Science: Bridging Knowledge Boundaries in Realizing Knowledge Harmony. *Journal of Applied Transintegration Paradigm*, 3(2 Desember).
- Yoshida, K., Tamura, Y., Sato, T., Hanyu, T., Usui, Y., Chang, Q., & Ono, S. (2022). Variety of the drift pumice clasts from the 2021 Fukutoku-Oka-no-Ba eruption, Japan. *Island Arc*, 31(1), e12441.
- Yusuf, A. (2016). *Kebutuhan spiritual: Konsep dan aplikasi dalam asuhan keperawatan*. Mitra Wacana Media.



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