Stacking Visible the Presence of Spirituality in Healing Ourselves and Our
Communities

By Annette Ridenour, President of Aesthetics, Inc.

It seems paradoxical that, as careful research over the past thirty years
has consistently demonstrated a powerful relationship between
spirituality and healing, hospitals and other healthcare facilities have
continued to remove religion and spirituality from the patient experience.

Some organizations have increased the availability of religious and
spiritual counseling, but they are doing so most often within an overall
physical environment that makes little reference to faith. The spark of
spirit is nowhere in evidence. Walking the halls of most hospitals today,
you could conclude that God might be an embarrassment rather than a
potential source of wellness, healing, comfort, and hope.

Healing and Spirit

In the United States today, more than 90 percent of people say that they
believe in God, and 73 percent say they try hard to carry their religious
beliefs over into all their other dealings in life. Research shows that
religious and spiritual concerns become especially significant in the face
of illness, suffering, and death.

It is not surprising, then, that a 2011 study showed that “[hospital]
patients who had discussions of R/S [religious and/or spiritual]
concerns were more likely to rate their care at the highest level on four
different measures of patient satisfaction.” A large 2003 analysis of
inpatients had found that the degree to which staff addressed spiritual
needs was highly correlated with reported overall patient satisfaction.

Other research has shown direct effects of religion and spirituality on
healing and wellness. A 2011 study showed that patients with advanced
cancer, who received spiritual care from their healthcare team members,
not only had higher well-being scores, but also received fewer high-cost,
life-sustaining medical interventions at the end of life. Another study,
with a similar patient population, concluded that “patients who received
less spiritual care than desired reported more depressive symptoms and
less meaning and peace.”

Among AIDS patients, a 2011 report stated that “a positive view of God predicted significantly slower disease progression. . . Effect sizes were
greater than those previously demonstrated for psychosocial variables
known to predict HIV-disease-progression, such as depression and
coping.” The authors of this study asserted, “These results provide good
initial evidence that spiritual beliefs may predict health outcomes.”

This is consistent with the following statement from another scientific
paper: “A growing body of scientific research suggests connections
between religion, spirituality, and both mental and physical health. The
findings are particularly strong in patients with severe or chronic
illnesses who are having stressful psychological and social changes. . .”

Further recent studies have shown:

- singing religious songs results in higher levels of comfort,
strength, endurance, and peace among hospital patients than
singing non-religious songs;10
- attendance at a spiritual retreat decreased depression and
increased hope among cardiac patients whereas attending a
retreat devoted to lifestyle changes increased depression and
decreased hope;11 and
- religious Catholics experienced less pain from an electrical shock
while viewing a painting of the Virgin Mary than when looking at
an attractive non-religious painting.12

Faith does not just heal the spirit; it aids in healing the mind and body
as well.

**Spirit in the Hospital**

The research above might help explain why a 2010 study of 255
healthcare systems concluded that church-owned systems are
“significantly more likely to provide higher quality care and efficiency”
than both investor-owned and nonprofit health systems, with Catholic-
owned hospitals being the most effective in those regards.13

In an earlier study conducted by the Gallup organization, it was also
found that “employees of sectarian hospitals are more engaged in their
jobs than those at non-sectarian hospitals” and “employees at religious
facilities are significantly more satisfied than those at non-religious facilities.”

However, despite the indisputable linkage between religion/spirituality and healing, the overall performance superiority of church-owned hospitals, and the apparent positive effects of a spiritual ambience on staff, when it comes to the patient experience, the divine is sometimes nowhere to be found—not in the corridors, not in patient rooms, not in treatment areas, not in public spaces or gardens. Employee areas are also typically God-free zones. Recognition of spirituality in the physical environment is often confined to a chapel, and often, even there, the expression of faith may be substantially watered down.

**Why?**

There are probably many interrelated reasons for the shortchanging of the divine in today’s hospitals. One is the very appropriate desire not to put off, offend, or exclude patients, visitors, or staff whose conception of God might differ from the conception held by the hospital’s owners. Another is a legacy of general secularization of hospitals’ religious mission, based on the belief that efficient management and religious mission somehow could not coexist. Gary Shorb, president and CEO of Memphis-based Methodist Healthcare, has observed that a principal job of his tenure has been to rebalance his organization from the time when religiously-affiliated systems “became more of a corporate operation than a mission-driven operation. . . with more of a corporate, bottom-line mentality than a true mission mentality.” “We always had connection back to the church, but we decided to better define that and make it more a true part of our culture,” Shorb has said.

The past trend toward secularization in Catholic hospitals can be summarized with two sets of statistics: In 1968, nuns or priests served as chief executives of 770 of the 796 Catholic hospitals in the United States. In 2011, they led just 8 of 636 hospitals; and only 8 of the 59 American Catholic healthcare systems were presided over by religious executives. Secularization of hospital leadership does not necessarily mean the elimination of underlying religious or spiritual values, but it might contribute to the situations I have described.

In many places today, the nationwide movement toward consolidation, including the integration of non-religious hospitals into previously
religiously-affiliated healthcare systems, is again potentially furthering momentum toward reducing or eliminating expressions of faith in the hospital environment.

**Bringing Faith Forward**

As the owner of a healthcare design firm for more than 30 years, it has been my intention to design and enhance physical environments that allow patients, visitors, and staff to make meaningful connections to their belief systems while they are in healthcare facilities and on their healing journey. I know that those connections can provide comfort, ease, hope, and peace at the very times when those qualities are most needed.

My firm has been fortunate to be employed by many organizations that share our commitment to using art and design to bring spirituality into their facilities. That has happened in chapels and meditation areas, in gardens and other outdoor areas, as well as in elevator lobbies, corridors, stairwells, and patient rooms. We have seen the impact of spirit made visible in healthcare facilities on patients, visitors, staff, and community members.

**Chapels and Meditation Areas**

Faith-based hospitals are challenged with providing inspiration for those of their own faith and also creating welcoming spaces where people of all faiths may find quiet and comfort. This has been done in a variety of ways. Some medical centers provide two (or more) chapels or meditation areas, one of which addresses the faith of the hospital’s religious or denominational affiliation, while another is multi-faith. Other facilities choose to design one chapel that can be tailored to a variety of services, with religious symbols being added or removed as needed. Some create a single multi-faith area in which the physical space and the artwork communicate a universal spirituality through the use of sacred geometry and well-conceived art. In some facilities that employ such a more universal chapel, as well as in other places, the spiritual symbols of specific religions are available for contemplation or veneration in other parts of the facility, such as in niches in anterooms.
At Scripps Mercy Hospital, Aesthetics designed a Catholic chapel whose altar could be converted for other religious services simply by removing the crucifix.

*Scripps Mercy Stained Glass*

*Scripps Mercy Prayer Bowl*
At Santa Barbara Cottage Hospital, we created an interfaith chapel with spiritual symbols of all faiths in the entrance foyer.

Santa Barbara Cottage Hospital – Interfaith Chapel

Santa Barbara Cottage Hospital – Interfaith Chapel vestibule

Santa Barbara Cottage – Interfaith Chapel Vestibule (detail)
At the Minneapolis campus of Children’s Hospitals and Clinics of Minnesota, we guided the selection of artwork for a compelling interfaith chapel.


**Gardens and Other Outdoor Areas**

Outdoor spaces are often missed as opportunities to present faith-based messages. Gardens that are designed with labyrinths or meditation areas can provide additional places for people to be alone or in small family groupings and participate in prayer.
The 12 Step Garden at the Scripps McDonalds Center for Drug and Alcohol Treatment in La Jolla provides spaces for both—it is used by therapists, patients, and families to go deeper into understanding the 12 step principles.
Patient, Visitor, and Staff Areas

We have helped many organizations develop arts programs that declare their faith-based values. Glendale Adventist Medical Center (GAMC), a client of over six years, has found pride in illustrating what can occur when an organization reclaims its spiritual energy.

Aesthetics was invited to work with GAMC to help it emphatically proclaim its overall mission—“to share God’s love with our community by promoting healing and wellness for the whole person”—and to celebrate its core value of honoring the compassionate healing ministry of Jesus.

Our collaboration with GAMC began with the arts program for its new seven-story patient tower, which is now suffused with images from regional artists and texts selected by their spiritual care team, that create a true walk of faith. Biblical quotations, related artwork, and inspirational texts greet patients and visitors at every elevator lobby. Each floor is named for an aspect of Jesus’s healing ministry [see sidebar]. Exhibits throughout the tower testify to the God-centered healing mission of GAMC and the Seventh-day Adventist Church.

Glendale Adventist Medical Center – Faith Corridor
As GAMC’s leadership experienced the spiritual depth and the healing influence of the new tower—and as patients, visitors, and staff told them how much they appreciated those qualities—opportunities were noticed elsewhere within the Center to proclaim the mission and core values.

“Once we saw how we could touch patients with healing messages and images that are consistent with our faith and inspiring for them, there’s nowhere in this whole campus where we don’t feel that faith-based design is important,” says Warren Tetz, Chief Operating Officer. “We keep seeing new places where it really matters.”

As a result, the once-dreary cafeteria that serves all visitors and staff has been transformed into an inspiring statement of Adventist dedication, hope, and pride with an expansive display celebrating the global healthcare activities of Adventist missionaries. It also portrays the volunteer work of GAMC’s own physicians.
A new mosaic declaring “Share God’s Love” will be installed in the lobby of the older tower on the GAMC campus to tie it in with the West tower in May of 2013.

In creating a connecting drive deck a new lobby entrance was created and the opportunity to keep the faith-centered wayfinding landmark was simply a part of the plan. This quotation from Nelson Mandela, which is displayed alongside the mosaic, was selected to celebrate the community theme and is the first non-biblical quote:

> We are born to make manifest the glory of God that is within us. . . And as we let our light shine we unconsciously give other people permission to do the same.

This year each stairwell landing in the original tower presents a vibrant collage of employee-created artwork with a message such as “Pray,” “Believe,” or “Share God’s Love.” The path of faith is evident in each step—wherever you turn you can be visually inspired.

*Glendale Adventist Medical Center – Community Corridor*
Faith and Generative Space

Nelson Mandela’s words above reflect the essence of the growing generative space movement, which was begun by Wayne Ruga, Ph.D., and which I have been part of for many years now. As an organization’s mission is vibrantly conveyed—in the case of GAMC, a mission driven by the glory of God—that one spark ignites many others. Space that is generative is defined not just by its beauty, its functionality, or even its healing properties—it is physical space with social and spiritual meaning, created in conjunction with a community and cherished because it expresses the community’s highest aspirations even as it meets the real needs of those within it.

Generative space empowers those who come into contact with it individually, and at the same time it reinforces in each of them the awareness that they are part of something that is bigger than they are. It binds individuals together as they accept responsibility for the continuing success and vitality of a place that means so much to them.

The generative space movement is resonant for me in part because it recognizes the central place of the energy of the spirit for creating transformational change. I think it is a revitalizing force for healthcare design everywhere, but perhaps particularly within religiously-affiliated organizations.

With all that we continue to learn about the connections between spirituality and healing, it is surprising to me that there is today so little committed exploration of ways to make faith and spirit manifest in the physical environment. The time is now for our faith-based hospitals to find new ways to utilize the power of their faith. Doing that will not only magnify the healing effects of modern medicine for patients, it will also create stronger, deeper, more enduring ties between the hospital and the families, visitors, staff, and community it serves.


3 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3208457/


6 http://link.springer.com/article/10.1007%2Fs00520-011-1335-1


8 Ibid.


9 http://gerontologist.oxfordjournals.org/content/53/1/26


11 Pain relief to believe in: Religious faith may prompt the brain to put a hurt on pain By Bruce Bower Web edition: September 17, 2008 Print edition: October 11, 2008; Vol.174 #8 (p. 9)

12 Ibid.

13 “Faith-Based Health Care” in Faith & Leadership (the online magazine of Leadership Education at Duke Divinity)

14 Bisaha, John, and Blizard, Rick. “Employee Engagement Higher at Religious Hospitals: Workers seem to have stronger sense of commitment.” (Gallup Organization: August 16, 2005)


16 To read more about Dr. Ruga’s work as it relates to healthcare design, visit the website of the Caritas Project at www.thecaritasproject.info