

An Interpretative Study Of Physicians' Perception Of Spirituality With Special Reference To Its Neglect In Medical Care System

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Abstract: *Although spirituality as the fourth dimension of health has received a high significance in recent years, it has been scarcely addressed sociologically by social researchers. The purpose of this research conducted in an interpretative paradigm is to identify the prominent types of physicians' perception of spirituality and the obstacles preventing spirituality from being integrated in Iran's medical care system. The data has been collected by in-depth interviews with faculty members of Shiraz University of Medical Sciences including internists, psychiatrists, and cardiologists. Typology, thick description and thematic analysis are the methods through which data has been analyzed qualitatively. On the basis of the results, "religion-based spirituality", "transcendental spirituality" and "horizontal spirituality", are the three emergent types of spirituality perception among MDs. Regarding spirituality's integration obstacles, five themes are considered as the most influential ones; "lack of a common spirituality-oriented discourse among medical care providers", "a high population of patients referring to clinical centers putting medical care givers in a time-deficiency condition in respect to attention to spiritual matters", "doubts about spirituality integration-related attempts as being a merely scientific project leading them to be supposed as politically guided actions managed by country's formal political system taking aim at making anything religious including medicine", "purely scientific positivist socialization of medical students through biomedicine teachings provided by medical schools", and "physicians' theoretical unfamiliarity with humanities due to structural segregation of medical sciences, at the ministerial level, as a separated branch of higher education in comparison to the other main body of Iran's higher education containing all other fields of sciences".*

Keywords: *spirituality, health, religion, medicine, ethics, biomedicine, humanities*

I. Introduction

Spirituality as a multilateral concept has its own theoretical complexities emerging in various fields of study including anthropology, psychology, psychiatry, religion, philosophy, management, sociology, etc. As stated delicately, chasing spirituality around the sociological table is like trying to squeeze mercury with a nutcracker. Yet, despite all these paradoxes, mysteries and conundrums sociology needs to attend to spirituality (Flanagan, 2007:3). Historically speaking, in respect to medicine, caring for spiritual dimension of human beings had been of a high popularity and acceptability in pre-modern times, either in western or eastern systems of thought. For instance, Plato considered one's bodily improvement as something impossible in the absence of attention to a greater wholeness (Plato, 2009). In contrast to above statements, due to the occurrence of an ontological and epistemological paradigm shift in modernity, implementation of the positivist approach in detecting and caring disease was at first supposed to be as the only best way to approach disease and to provide the sick with health care services. In other words, the mentioned hegemony of medical positivism has made modern medicine neglect the spiritual matters of human beings as the consequence of the secular ontology and epistemology. Now, the deficiencies of biomedicine, in spite of all its marvelous corporal achievements, in regard to patients' spiritual aspects, have become more obvious than however it was before. Such a reductionist approach toward the concept of disease has got some critics to declare that much of bioethics shows an indifference to or even a disdain toward matters of the heart (Hoffmaster, 2001:112). To put it differently, this reductionist or purely biological view about patients is no longer satisfactory (Williams, 2008:2). In fact, it is under such a condition that a kind of consensus among those providing people with medical care has been shaped emphasizing that it is time to consider patients' spiritual needs. In general, increasing significance of spiritual needs of modern man, in comparison to his material or corporal needs, is highly correlated to society's complexity, machinery life as well as changes in lifestyles in postmodern age (Koenig and Titus, 2004). As the result, although these new societal circumstances, as far as they are linked to medicine, have been led to development of the patient-centered medicine so that patients' concerns, questions and ideas can be put into consideration, a great deal of reluctance toward patients' spiritual matters is yet seen clearly among medical authorities, especially physicians. The authors of the present paper are going to investigate the above-stated

issue sociologically in an interpretative paradigm through raising research questions in succeeding parts of the paper.

II. Literature Review

Extensive studies have been conducted on spirituality and its peripheral conceptions including religion, spiritual health, spiritual needs, quality of life and medical ethics. Examples are studies scrutinizing the meaning and aspects of spirituality (Egan and Swedersky, 2003; Stern et al, 2011; Bussing et al, 2013;), influence of spirituality or religion on health outcomes (Curlin et al, 2005; Padela and Curlin, 2013;), spiritual experiences and development of health providers (Deal, 2010:852; Barr, 2008), evaluation and modification of tools used to assess spirituality or patients' spiritual needs (Galek et al, 2005; Borneman et al, 2010). Through a comprehensive review of materials written in the different areas of the scientific disciplines in relation to spirituality, three important themes can be clearly induced in regard to the investigation of spirituality; throughout the multidimensional sociological discussions ahead, the mentioned themes are profoundly developed so that the readers can be provided with a theoretically saturated framework in respect to perception of spirituality among physicians as well as its problematic theoretical and practical obstacles preventing it from being as an efficient part of Iran's medical care system.

"Supreme importance allocated to spirituality and its revitalization in our time" is the first theme in spirituality-related literature. Keeping this in mind, among classical theoreticians of sociology, George Simmel's highly sophisticated sociological-philosophical theories about spirituality, religion and mysticism as well as Max Weber's pessimistic depiction of modernity are of a high significance. On the basis of Simmel theories, the quality of modernity is in a way that no one can be his real inner "self". In other words, various types of paradoxes are present in different aspects of social life acting as obstacles to "unity" of being. And consequently, such a condition leads onto the development of alienation in modernity. In Simmel's viewpoint, religion (in its non-institutionalized form), spirituality as well as mysticism are the three significant phenomena eradicating all dualities which modern man is experiencing all the time here and there. In respect to the latter case, he states that mysticism aspires toward a deity which transcends every personal and particular form; it seeks an undetermined expanse of religious feeling which does not conflict with any dogmatic barrier, a deepening into formless infinity, a mode of expression based only on the powerful longing of the soul (Simmel 1968b [1918]: 23, quoted by Varga, 2007:157). Additionally, Weber's concerns were directed to the de-spiritualization of culture. At the end of *The Protestant Ethic*, Weber encapsulates well the world sociology faces, where the ascetic justification for stewardship had passed, and material goods have 'inexorable power over the lives of men' in ways without precedent (Flanagan, 2007:4). As it can be seen obviously, Weber is worried about the quality of modern time in which everything has been disenchanting. Yet, Weber cannot find any way to escape from such an iron cage made by modern man. Furthermore, spirituality is of such a high significance that other contemporary authors like Giordan links spiritual revivals in the present time to efforts to dehumanize Western society that seems progressively to be ordered according to de-humanizing considerations (Ibid, 16). Moreover, some believe that in modernity or postmodernity the individual is increasingly de-rooted, that is, deprived of the traditional cultural significant; the individual is – to paraphrase Sartre – 'thrown into choice', and collective memory is becoming ever more fragmented (Ibid, 146).

The second emerged theme in spirituality-related literature is "the spirituality's cultural and interdisciplinary essence". In this regard, Sheldrake suggests spirituality must be studied in the context of its culture, implying that any serious study of spirituality therefore needs to be multidisciplinary. To study spirituality in a particular cultural context requires the use of a hermeneutical or interpretive framework (Sheldrake 1999: 69 quoted by Holmes, 2007:26). Such an approach could take it outside any single academic domain (Ibid, 26). This is one of the reasons, as its details will be explained in succeeding part, which persuades the authors of the present paper to design their research in an interpretative paradigm. Furthermore, this is the case for the study of spirituality in the field of medicine. The necessity of a multicultural literature has been emphasized by some writers as a key so that spirituality can be integrated to therapeutic procedures (Aten and Leach, 2009).

The third theme found in theoretical review of spirituality is "its relevance to religion which can take multiple paradoxical or overlapping possibilities". Generally speaking, spirituality overlaps with theology. The relation between spirituality and religion is so deep that some religion psychologists traditionally consider them as the same things. Yet, this is not a common predicate. The general point in this regard is that religion and spirituality are both multi-sided as well as multi-layer phenomena. As an important reference in this respect, Frithjof Schuon puts his emphasis upon the existence of a common spiritual root among all religious traditions which can be merely achieved in a mystical experience. According to Schuon, there is a kind of authentic but hidden religion beyond apparent polarities in religion forms (Nasr, 2010). In addition to Schuon's theory, on the basis of Coomaraswamy's famous theory called "perennial wisdom", everything including individuals and nature implies the divine real existence in creation (Nasr, 2007). In such a viewpoint, anything one can suppose

is a symbol of the divine fact. "Perennial wisdom" goes beyond tangible and experimental affairs. That is, one should believe in it so that it can be understood. Simultaneously, one should understand "perennial wisdom" so that he can believe in it. (Gheysari, 1386[2007]:84).

Keeping the interdisciplinary entity of spirituality in mind, the authors of the present paper have to take a short glance on the critical viewpoints related to lack of attention to spirituality in modern medicine which is based on the biomedicine tradition. In fact, under the phrase "lack of attention to spirituality in modern medicine" as a total heading, some other influential conflicting views, in contrast to theoretical foundations of modern biomedicine, can be counted among which Foucault's criticisms of modern medicine and views supporting the significance or priority of other complementary alternative medicine (CAM) are supposed to be as the two most important counterpoints.

Foucault discusses the discursive and non-discursive (social, institutional) practices which constituted the historical conditions of possibility for the emergence of psychology and psychiatry. The theme of the formation of the human sciences receives a more explicit address in the archaeological analysis of mutations in medical perception and knowledge where the case is presented for considering 'the sciences of life', especially medicine, as the model for the development of the human sciences (Smart, 2004:23). Foucault's viewpoint, in regard to our discussion, can be paraphrased so that one can say modern biomedicine is at best one of the only possible dominating systems of thought becoming pervasive by multilateral social and historical conditions in which attention to some concepts as well as neglect of some other ones has happened. This is the case for the neglect of spirituality in medicine. In other word, considering something as essential, inessential, right or wrong is not necessarily the product of reason.

Furthermore, "Inhumanity of medicine" due to its isolation of philosophy, medical humanities, spirituality and religion are some other main deficiencies which have been highly attractive to those having critical viewpoints toward modern secular medicine (Chattopadhyay, 2007). Moreover, people's increasing tendency to complementary alternative medicine (CAM) is due to emphasized impersonality of the cure practiced in currently used modern medicine; conversely, most of the cures employed in complementary medicine are based upon a holistic approach in which vital energy and natural cure are emphasized as well (Jay and Thorn, 2011:46). Regarding the literature review, previous studies and participatory clinical observations as well, the authors try to answer the research stated questions in the following parts of the paper.

III. Research Questions

What are the main emerging types of spirituality perception among purposefully selected internists, psychiatrists, and cardiologists known as faculty members of Shiraz University of Medical Sciences?

Why do patients' spirituality as well as their spiritual issues are mostly neglected by physicians in hospitals or clinical centers?

IV. Methodological Considerations

The present study was carried out on the basis of interpretative approach and qualitative method. Data collection was performed through 20 in-depth interviews with physicians. The purposive sampling method was applied to select physicians qualified for the following 5 inclusion criterion:

- Being a faculty members of Shiraz University of Medical Sciences so that the determining ideas of the professors of medicine having scientific and behavioral authority as well as teaching experiences to medical students could be included in the study.
- Having clinical experiences of visiting patients by physicians, either in the hospitals or private clinics so that the impacts of physicians' being permanently engaged with the culturally and religiously different patients in reference to their spiritual matters during the experience of disease could be considered.
- Physicians' sexuality. This criteria was intentionally encompassed in the selection process of the participants on the basis of theoretical literature review putting emphasis on the relationship between spirituality-related matters and individuals' sexuality and gender, for example Ruffin, 2001.
- Known as an internist, a psychiatrist, and a cardiologist on the basis of last formal degree in medicine; the reason to include this criteria was that usually these types of specialists are mostly engaged with patients suffering from chronic disease by which their spiritual concerns become activated. It was supposed that being engaged with such patients can make physicians think now and then about spirituality-related matters during their professional life or experiences.
- Owning different worldviews including secular and religious ones. The researchers took the mentioned criteria into consideration through employing two following techniques; first, researchers' previous recognition of some physicians as, for example, being a religious physician or a secular one; second, the application of snowball-based selection through which a participant introduced someone else as his/her colleague with an alternative or the same attitude toward spirituality-related matters in medicine.

When all the interviews were completed, the process of their changing from audio files to written texts was started through transcription. Tape scripts were coded, ready to be thematically analyzed at the level of a word, a sentence or a paragraph. Through a three-stage coding process, primary and descriptive codes were extracted as the first stage. Categorization of the achieved codes of previous stage, was done on the basis of similarities, distinctions and mutual relations which, in fact, constituted the second stage of coding. Improving the level of abstraction, the researchers tried to develop eight major themes as the last stage of qualitative data analysis through which the two claimed research questions were provided with analytically saturated answers.

V. Results

On the basis of the results, three types of perception of spirituality as well as five most important obstacles to its integration into medical care system are found themes among physicians of Shiraz University of Medical Sciences. Each theme is thickly described and well documented by the words of interviewees as follows:

1. Religion-based spirituality

In this perception type, anything, including spiritual procedures, is considered as acceptable if only it is completely consistent in religious teachings. Application of a religion-based spirituality by physicians can be beneficial even to those who are not its believers in most cases. Emphasizing on omnipotence of God and His other features, religion has the capacity to make life meaningful for anyone and provide man with a stable philosophy of life helping him get rid of living purposelessly; it is because the worldview presented by religion is not confined to present material world. In other words, the scope of a religious viewpoint goes beyond this tangible world and includes the other world as well. Such a capacious view of the universe can make everything meaningful at best. The philosophy of religious rituals, along with the mentioned theological ontology stated above, is to get someone to become spiritual and to provide him with rich enough spiritual health as well. To put it in other way, religious rituals such as praying, going on fast, going on pilgrimage and so on function as everlasting preludes to link someone to Almighty Allah, as the ultimate source of true spirituality. All the divine recommended rituals possess their own special philosophy which may be either clear or unknown to man; the point is that the honest believers must be sure of rituals' accuracy and meaningfulness. Accordingly, if one tries his own-made spirituality and insists upon following spirituality based on his own initiative in a way that it is regardless of religious teachings, he will be surely misled. So-called new artificial mysticisms, and some other types of Sufism are two big categories of such misleading spiritualities; while the former is the wrong modern type of spirituality, the latter is its old version. In such a deeply religious perception of spirituality, it is supposed that Allah, The Merciful, as a perfect absolute Creator of the universe, is at best aware of all the requirements of human beings. Consequently, there is no need for man to do anything on his own regardless of religious teachings stated either implicitly or explicitly in Quran verses. In respect to understanding the implicit or ambiguous verses of Quran, Holy prophet Muhammad and Holy Imams are the only two legitimate authorities allowed to interpret such verses as one of the main sources of Islamic laws. In this regard, one of the main duties of religious scholars is to differentiate between correct and incorrect sayings or actions attributed to Prophet Muhammad or Holy Imams. Another important duty of religious scholars is to show the negative and positive implications of Quran verses as well as sayings or actions of Holy Prophet Muhammad and Holy Imams for man's current needs (ijtihad) under which right and wrong actions become clearly known in all aspects of his activities including medicine. Furthermore, science is always incomplete and cannot be treated as the only source to determine what is right or wrong. Conversely, religious teachings, as God sayings, are the final source of making judgments. In this respect, human wisdom is supposed to be one of the "sources" put in a hierarchical order after other sources named as "Quran", "sayings or actions of Holy Prophet Muhammad and Holy Imams" and "consensus among religious scholars". The priority of the mentioned items is of high significance. That is, Quran is considered as the first source while human wisdom is the last one.

Interviewee 12, a man, told "My interpretation is that because Islam is on the basis of man's temperament ... so everybody even non-Muslims can have their own share of this Islamic spirituality according to Islamic beliefs. For example honesty is a part of Islamic spirituality. It is possible for a person who doesn't believe in Allah and Prophet Muhammad [to take its advantage] ... because [he] intrinsically is honest, so he has got a great share of Islamic spirituality, either he likes it or not".

Interviewee 5, a woman, expressed "Our diagnosis is based upon the little knowledge we have which is always incomplete [at least] in comparison to future. [Today] medicine says this procedure is efficient [but] tomorrow [it] says it is problematic, so because I am aware of this [fact] I never make my patients disappointed. I tell them there are always other ways [though] we don't know [them] yet. Quran teaches us and widens our insights wonderfully. Everything is based on the cause and effect relation, though we don't understand the relation. [For example, this is the case for] miracle [which] has its own causes, [it's] we [that] can't analyze it, why? Because we don't have its instruments. I have some specific experiences [in this regard] ... [although]

some of my really terminal patients were supposed to die according to our knowledge and diagnosis, they didn't. Is it by chance? By no means! This is spirituality".

Interviewee 18, a man, stated "If I am directed to God in all my activities through following His teachings declared by Prophet then I will be a real spiritual [man]. It is possible for all people [to do so] but some people like to do it by themselves. [For instance] they do strange things, they have odd ideas, [but] they can't [finally become] spiritual. [Some of them] after some time get involved to mental problems. I have such patients. They have cognition problems. They don't know what is true, [and] what is wrong. [If you] want to be spiritual, [you can] adapt yourself to Islamic teachings [then] you will be really spiritual while you're doing [your] routine activity".

2. Transcendental spirituality

In transcendental spirituality something to which one's feelings or behaviors is referred exists though it is not necessarily known as God. As an explanation, one can say something is transcendental, if it includes to somehow experiences or ideas going beyond human understanding. The basic motivation of a feeling or a behavior can be either God or anything else. A physician may be interested to help sick people either to attract more patients as his clients or give them a nice sense of living. He may have also done it to attract God blessings or satisfy his own sense of being proud. Whatever it is, the distinguishing point is that the physician's motivation is something prior to and different from the very action carried out by him and consequently transcends the action itself and therefore, can be supposed as a source of meaning for the physician himself. The only important point is that in transcendental spirituality something, either as a source of meaning, motivation, or a watchful observer can be supposed so that it can function as the reason or motive to do or not to something. To put it in more general term, the scope of the mentioned external source or motive can fluctuate between one's deepest inner "self" and an the highest unthinkable entity, which may be called as an ultimate, the sacred or God and so on.

Interviewee 11, a man, stated "[Spirituality is] the thing which gives direction to anybody's life, including me and the others, [it] is a view going beyond everyday actions and technocracy, and is in fact, the motives of our actions which is behind them and determines pros and cons of everything for us".

Interviewee 7, a woman, said "Anything which has a real meaning and concept is called spirituality. In final analysis it refers to God. [That is], God as a fact and spirituality".

Interviewee 2, a woman, reported "I think [that] anything which can help a patient [or] a person feel free, or [anything which] makes him happy, [or] hopeful, is spirituality. It differs from one person to another [person]. A person may get rid of feeling alone through listening to music, going to parties, or even talking with himself [or herself] or no, [on the other hand], someone else may feel [as being a] meaningful [person] if only he [or she], for example, shares his [or her] problems with God, pleading for supernatural helps from God, innocent Imams and [so on]. People do these [different activities] and usually are satisfied [with what] they believe [in]. [I think] spirituality is like a spectrum, [it is] very wide. It is something rather than you [yourself], whatever it is".

3. Horizontal spirituality

In horizontal spirituality, society is supposed to be as a container in which different varieties of social relations occur. Nothing can be imagined to exist out of society. In fact, it is the society giving birth to everything one can think of. In horizontal spirituality interpersonal relationships as well as the relation with natural world are of high significance. Virtues and vices are both the products of a certain society. Accordingly, if different parts of a certain society such as its political, economic and cultural parts operate in a balanced order, then the society itself will automatically give out a context in which anybody can live a life easily. Talking about concepts such as virtues, vices, prior to social conditions or relations is useless or, at least, impractical. There is no need to support virtues on the basis of encouraging people to be, as it is commonly said, real believers. Furthermore, one can do anything in a certain society known as virtue, or refrain from anything known as vices regardless its attribution to God; a physician usually will do his best if his family is provided with enough prosperity. Conversely, he becomes depleted of patience and energy while he sees crowds of people rushing into hospitals due to bad social conditions including air pollution, car accidents and so on. As the concluding point, the normal context of a certain society is the only prerequisite to provide people with happiness so that they can live a life enjoyably.

Interviewee 3, a man, declared "Though I didn't study ethics professionally, I believe that the present condition of a patient and the society where he lives are the only important things. [You can] put the name of spirituality on it ... we, as doctors, consider a person, his family and the society then [we] make a decision [for him]. That's it! This economic match which has started among people affects me as a doctor. I am a part of this society...I have to work harder not to get behind [from the others]. I shouldn't be expected to be so and so, do

this or that... society, however it is, in a way it is just now, paves the way for me and tells me what to do or what not to do. This affects the meaning of my life, or what you [may] call [it as spirituality]. [For example] How much does God weigh when you are happy going to a wedding party? Do you think of God in such circumstances? [I don't think so]. But when somebody has tendency to become depressed or get sick and hospitalized in the hospital he thinks of such matters. I wouldn't like to say it is either true or false... no no, [rather] I [would like to] say [that] realistically [speaking, it is] your present situation ... or social circumstances [which] makes meaning for you. You [can] call it whatever you like, spirituality, morality or anything else”.

Interviewee 19, a man reported “A patient who is suffering from lung cancer could be in a healthy situation if the air wasn't too polluted as the result of the car exhausts or factories. ... He could be [at] home enjoy his living with family. It is low air quality [that has] put him here [in hospital]... Other [patient] is here because of myocardial infarction [because he or she] is not taught healthy styles of behavior by society, [he or she] is old, [but he or she] doesn't avoid taking [too much] fat or sugar. It's [because of] a wrong culture in the society. Perhaps, I think, they aren't totally responsible for their problems. Spirituality means providing people with a healthy environment and a healthy style of driving, eating, [etc.] through teaching them culturally so that they never experience lifestyle related diseases and [they can] live happily. Living easily [and] happily is everybody's [favorite] meaning [and it serves as a] purpose for life. A good social plan can offer it [to people]. I think it is spirituality. [I think] it isn't too hard to understand [spirituality in a way I'm talking about it]”.

Interviewee 14, a man, states “This young girl [pointing to a patient] has committed suicide by taking pills...[because] she got depressed... her parents are getting divorced”. She says “I took pills to attract [my parents'] attention [not to get divorce] because I am ashamed of being [labeled as] a child of divorce at school [by my friends]”. “Spirituality is to make parents aware of their decisions...in my idea [spirituality] means tight social ties, social certainty of future, [etc.]. [Under these mentioned conditions] then most [of the] problems can be solved”.

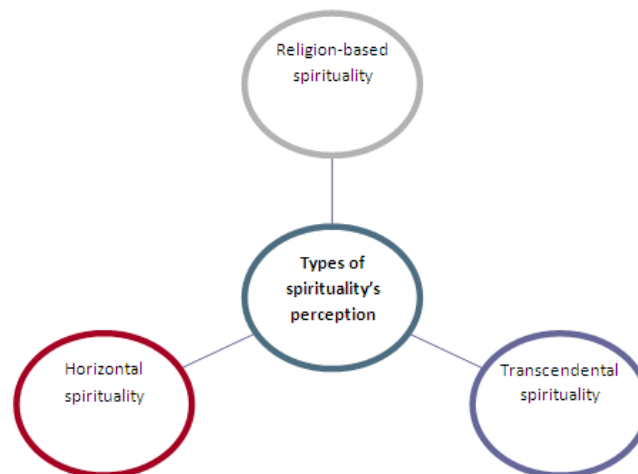


Figure 1: Types of Spirituality Perception among Physicians

4. Lack of a common spirituality-oriented discourse among medical care providers

Any feasible change in a system can be operationalized if its main influential actors have a clear common understanding of the trend of the required reforms and the ideal situation defined for the system as well. It is obvious that preventive procedures of the diseases cannot be logically limited to their bodily physiological aspects. In this regard, the significance of the psychological and social dimensions of patients, to somehow, have become known due to the rich body of the knowledge and the experiences of the developed societies in the field of psychology, sociology and so on. But this is not mostly true for spirituality, neither in developed societies nor in developing ones. To put it more carefully, spirituality's conceptual vagueness, with special regard to its reciprocal relevance to religious concepts, takes more complicated possibilities and configurations in countries like Iran where religious tradition is yet of high significance. Simultaneously, Iranian culture is experiencing erratic discourse-oriented faults because of being engaged with modernity and modern world as modernity's objective expression as well. Epistemological anarchism in areas like spirituality is the apparent outcome of such perplexing dualities. Any reform in this regard contains multilateral discourse-making efforts so that health authorities including physicians can be provided with a pervasive common discourse about spirituality as a clarified concept having its own definite application in various procedures of cure phases from the pre-stages of a disease to its final end stages.

Interviewee 4, a woman, said “The point that what my personal idea [about spirituality] is, may not be very helpful... Some say you must have an affiliation to a special religion to become [a] spiritual [person]. In fact, entering to realm of spirituality is made possible through religion. [But] some others, claim [that] we are spiritual [persons] although [we are] not religious [persons]. You can do something when you have a clear definition. Spirituality has so many meanings [which are] unique to everybody himself”.

5. A high population of patients referring to clinical centers putting medical care givers in a time-deficiency condition in respect to attention to spiritual matters

Various cultural, economic and social features have active roles to make people rush into hospitals or clinics. Although an exact discussion of such factors is not the goal of present paper, they can be put into two main categories; macro-level features including social inequality, transportation system, air pollution, and social complexity and so on; micro-level features such as personal attitudes, health behavior, lifestyle-related behaviors etc. Yet, mentioned categories are interrelated with each other. Considering spiritual needs of patients is a time taking activity needing enough patience, energy and motivation. These needs cannot be met in most hospitals or clinics populated and inconvenient.

Interviewee 8, a man, reported “There is no time [for me to consider such matters]... in the afternoon [for example] I’m here to visit so many patients waiting for a long time”. I reach home late at night. In the morning there are a lot of patients for the round in the hospital. I have to go to conferences, teach at the college, and conduct so many various job-related meetings [etc.]”.

Interviewee 15, a woman, stated “Emergency wards of the hospitals, most of the times, especially during holidays or some special occasions, are almost full of patients to be visited as soon as possible. It is [almost] true for other wards, too. We shouldn’t waste gold time for some cases”.

6. Doubts about spirituality integration-related attempts as being merely scientific project leading them to be supposed as politically guided actions managed by country’s formal political system taking aim at making anything religious including medicine

Influenced by dominant pervasive paradigm of evidence-based medicine, most of the physicians are inclined to apply the objectivist approaches in approaching disease. On the other hand, country’s political system, as a religious one, has its own theoretical and practical positions in respect to subjective concepts including spirituality highly overlapped with religious teachings as well. This seemingly paradoxical condition, in most cases, has been led to a kind of misunderstanding or even pessimism among some physicians over attempts made to integrate spirituality into medical care system. To put it differently, some physicians think that the political system would like to violate their professional boundaries. The researchers’ experiences and observations during the period when they were engaged with doing interviews with physicians showed a plentitude of such negative prejudgments previously shaped among some physicians. This situation was obvious especially when the researchers at first declared the topic of discussion, as a sensitive one. The more interesting recursive researchers’ later experiences were the subsequent paradoxical observations showing the mental flexibility and openness of research informants during interview arguments making them participate enthusiastically in the discussions related to spirituality and medicine in spite of their previous pessimistic positioning.

Interviewee 6, a man, told “In spite of its necessity, medical scholars [themselves] must coordinate this task, not any other authorities”.

Interviewee 16, a man, said “Biomedical medicine now [itself] has found [that] pharmaceutical procedures [may] become more effective [if they are accompanied] with spiritual or psychological approaches, [so] they can be integrated to cure plan by medical authorities after getting enough evidence”.

Interviewee 13, a man, stated “It seems to me [that] some groups are trying to replace scientific viewpoints with religious teachings or at least put a religious cover on sciences, [like that of] humanities”. Everything has its own literature and irresponsibly interventions solves no problem”.

7. Purely positivist scientific socialization of medical students through biomedicine teachings provided by medical schools

Doctors of Medicine are those previous high school students whose major had been empirical sciences before they were qualified for higher education through passing university entrance exam. Biology, Physics, Chemistry are the three most important topics directly determining their acceptance to medical universities or colleges. Humanities such as theology, philosophy, anthropology and even psychology are of the least significance in relation to their university acceptance. Furthermore during six or seven years of medical studies, totally all the provided courses are directly based on a biomedical curriculum. As the result, they are formally deprived of other fields of studies importantly related to the man as a multidimensional whole being containing

psychosocispiritual dimensions in addition to his biological aspect. Naturally, the final consequent of such an educational system is production of trained physicians having a reductionist standpoint about human beings through which bodily aspect of patients obtains the first priority in medical procedures and anything going beyond patients' physiological dimensions is denied or at least neglected. Furthermore, such a limited and one-dimensional point of view about human being has its own negative consequences in most other scopes of medical care system including patient-doctor relationships, physicians' professional commitment and their sense of moral duties to their patients as well.

Interviewee 9, a woman, asked "What can spirituality do for a patient with a liver failure? A part of his body has broken down, just the same as a machine. It must be repaired or changed, otherwise it doesn't operate".

Interviewee 1, a man, expressed "When you go to the autopsy saloon, as a medical student, gradually you understand that human being is nothing, but a body. Somebody takes its liver, the next one takes its heart [and so on]. I think that anybody studying medicine becomes secular, even he says I'm not [secular] and denies [his being secular]. Going to autopsy saloons is the main entry [for such a change] as well. A faithful physician [according to his knowledge of medicine] is completely aware that his patient X with third stage cancer will expire sooner or later, but he tells his patient [to] pray to God for help. [I think] it is only a Prozac".

Interviewee 10, a woman, states "At best, we can talk about human psyche, nothing more is allowed. Psyche can be studied through psychology as an evidence-based modern science, but this is not the case for spirituality. It is out of the scope of medicine. It is the scope of religion, I think".

8. Physicians' theoretical unfamiliarity with humanities due to structural segregation of medical sciences, at the ministerial level, as a separated branch of higher education in comparison to the other main body of Iran's higher education containing all other fields of sciences

Planning to improve the quality of country's sanitation condition and providing stable bases for future national progress in the field of medicine, some previous governmental authorities having enough official administrative power decided re-organize health care system radically with a special reference to designing a new distinct ministry technically responsible for the programs and issues health and medicine in Iran more than two decades ago. Despite great biomedical achievements of mentioned decision, one-sided attention to biomedical courses has functioned as a proper background for the construction of a merely biomedical culture among physicians and other health providers in the course of time. Naturally, "disease" has become the focus point of such a one-sided biomedical culture, not the "patient" as a biopsychosocispiritual being namely, a total human being. Besides, this type of merely professional culture along with physicians' loss of investigation and information in the field of humanities has led them gradually to become theoretically illiterate in regard to humanities and other important moral and social issues highly merited to be considered by them as well. Consequently, they have become to somehow incapable of being sensitive enough to social circumstances and understand other people's feelings and their existential problems as well. Most importantly, lack of relationship among medical students and students of other fields of study, especially students of humanities has made them wrongly imagine themselves as being totally distinct from those scientifically acting in non-medical body of knowledge. In some cases, such a wrong widespread self-perception has negatively affected physicians' interpersonal or organizational and professional performances which can be sociologically analyzed in special reference to morality and spirituality-related discussions as important -defining factors in quality of personal or professional behaviors.

Interviewee 11, a man, stated "Successful physicians are those paying attention to mental, spiritual, social and psychological aspects of their patients while providing them with a cure. Looking at such doctors, one understands they are more trusted by patients. But unfortunately, this isn't a widespread reality because, generally speaking, students of medicine are not trained for above stated services, since ... [such topics] aren't as the main concerns and priorities of our graduates in medical training. [Rather,] clinical procedure is the first priority; if [you see that] a doctor considers such factors, it's because of his personal tendencies and attitudes, [not due to academic training]... [Although] clinical knowledge and experience is the focus of concentration in ministry of sanitation, the decision-makers must try to make a student entering university becomes more faithful [than that of he was before]. Structurally and organizationally speaking, theology and medical ethics [as two courses provided to students of medicine] are responsible for this job. Unfortunately, medical ethics is offered to students secularly; theology [which] is taught to them is irrelevant and impractical as well".

Interviewee 12, a man, reported "I think materialization, challenging moral principles, loss of a comprehensive [present] model [in medicine], sensuality and false competitions [among physicians] are some important factors preventing spirituality from being integrated into medicine. Despite the fact that we expect our physicians to study more, unfortunately they don't do so. At best, they are only literate in medicine. [While,] Ghotbeddin Shirazi was a multi-potential figure who was simultaneously a philosopher, a mathematician, a

physician, a musician [and so on]; this is the case for Avicenna. Although due to scientific progress, now it isn't meaningful any more to label a person as the greatest scholar, like that of past times, it isn't acceptable for a physician to be at the level of ordinary people in relation to philosophy, mathematics, [and] music. He [or she] should keep [a minimum] level [of knowledge] for himself [or herself in these fields of study] which is again higher than what common people know".

VI. Discussion And Conclusion

The main core of the discussions presented in the research can be recapitulated in the phrase "the obstacles in the way of spirituality's integration into medical care system". In this regard some determining insights were achieved through abstraction of the facts stated by physicians as one of the health system's chief actors. In general, integrating spirituality into medical care system is in need of a common conceptualization among health providers so that spirituality can be organically operationalized in health system. The research findings showed diversity of perceptions functioning negatively as obstacles to integration of spirituality. To put it in detail, one would say that the other emerged obstacles can be thought as winking guidelines accessible for health decision makers, especially for those on high administrative decision making positions as well. Reforms in national educational system with a transparent reference to specific consideration of the humanities for pre-university students whose major is empirical sciences is one of the research implied suggestions. Consequently, the weight given to the humanities such as philosophy, theology and anthropology should be significantly increased in comparison to other basic sciences like biology, chemistry and physics so that a balance among different fields of study differently related to man as a total being can take place in long run. This approach can be performed in higher education as well, both organizationally and pedagogically. Unification of country's two higher education ministries in addition to development of interdisciplinary courses can result in the emergent of a consensual persuading spirituality-oriented discourse among scholars so that man's other dimensions which are going beyond his bodily aspect can be considered in clinical procedures by multidimensional trained students of medicine as well. As a consequence of such a discourse one can hope that present misinterpretations among some physicians in respect to integration of spirituality in medical system will be gradually eradicated as well. Furthermore, the political system can perform its positive influential role if only it refrains from any direct top-down intervention and limits its function to providing a fully guaranteed background of free interdisciplinary arguments conducted by scholars themselves. The last concluding point is the necessity of reducing the large number of rushing patients to hospitals by development of preventive medicine as well as the spread of healthy lifestyle behaviors among people. Such a condition under which the number of patients are reduced provide physicians with more time so that patients' spiritual needs can be met more efficiently. In long run, providing people with a situation in which the spirituality is located not only in emergency conditions, but also in the main context of life, is something which is required in our modern time where the reliable philosophy of health and life becomes of high significance in people's everyday life. Perhaps this ideal type of socialization will be possible in somewhere called as a "spiritual society" by some authors.

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