The Critical Element of the Mind-Body-Spirit Connection in Wholeness-Centered Pediatric Dermatologic Care

Maria McGowan¹, Linda Golkar² and Sharon E. Jacob²

1 Mercer University School of Medicine, Savannah, GA, United States of America
2 Loma Linda University, Department of Dermatology, Loma Linda, CA, United States of America

Keywords: Mind-body-spirit; Atopic dermatitis; Spirituality

Wholeness-centered care has been cross-culturally practiced for centuries, and yet, these fundamental principles can become buried by technology-driven advances. Wellness, defined by the National Wellness Institute as “the active process through which people become aware of, and make choices toward, a more successful existence,” is intimately related to the overall health of the whole person through the mind-body-spirit [MBS] connection [1]. In the MBS approach, there is acknowledgement that health is an indivisible blend of emotional, physical, and spiritual well-being. With this concept in mind, health providers can encourage the utilization of MBS modalities as adjunct care in their wellness programs. Examples include purposeful breathing (e.g., ‘belly breathing’ taught through character play, as exemplified by Sesame Street: Common and Colbie Caillat - "Belly Breathe" with Elmo”), cognitive-based therapy, massage therapy, meditation, yoga, spinal manipulation, and relaxation techniques (Table 1) [2,3].

MBS can be especially helpful in chronic or terminal conditions where complete physical health cannot be attained [4,5]. As these illnesses often lower quality of life and emotional well-being, MBS can improve quality of life by alleviating pain and providing coping mechanisms [6-8]. While the effects of MBS have been predominantly studied in adults, as evidenced by (Table 2), several MBS-base modalities have been studied in a variety of pediatric conditions. For example, in a study evaluating analgesic usage in children undergoing therapy for neuroblastoma, children required less analgesia after participating in Mantram meditation [9]. In youth with inflammatory bowel disease (IBD), depression, anxiety, and social problems are found at higher rates than their healthy peers [7]. However, Cotton et al. found that, while children with IBD had poorer emotional well-being relative to their healthy peers overall, their emotional well-being benefited more from spiritual well-being than their healthy counterparts, showing the value of spirituality in those who are chronically ill [10]. With factors such as age, relationships, and religion, children experience spirituality in a multitude of ways, such as faith in their caregivers, faith in a higher power, belief that their lives have purpose, or existential self-awareness [10].

Chronic disease may be especially detrimental to the psyche and restoration of the physical state of children if the illness affects appearance, concentration, and sleep, as in the case of atopic dermatitis (AD) [11]. Embarrassment or bullying may socially isolate them from peers and injure their self-confidence [12]. Concern of infection may lead to exclusion, and children may be sent home from school or daycare [10]. AD frustrates patients and parents with its chronicity and vicious itch-scratch cycle [13]. Sleep may be compromised due to severe pruritus in over 60% of patients, which then has downstream effects of impaired academic performance, mood changes, and increased stress, which in turn intensifies the immune dysregulation of the disease [14,15]. In a case-control study by Kiebert et al., 239 patients with AD, 132 of whom were children, completed a questionnaire to evaluate their health related quality of life (HRQL). Patients with AD

© Under License of Creative Commons Attribution 3.0 License | This article is available in: http://clinical-pediatrics-dermatology.imedpub.com/archive.php

Corresponding author: Jacob SE

sjacob@contactderm.net

Professor, Department of Dermatology, Loma Linda University, 11370 Anderson Street, Suite 2600, CA- 92354, United States of America.

Tel: 9095582890
Fax: 9095582448

had poorer social functioning and mental health than patients with other chronic diseases, such as diabetes and hypertension, and lower scores in vitality than the general population [16]. The loss of autonomy distresses children as well, as AD limits their options in clothing, pets, skin products, detergents, as well as tethers them to caretakers who can manage their condition, potentially prohibiting them from extended trips or visits with friends [13]. Many patients and their parents find themselves unsatisfied with therapies, which may be messy, difficult to apply, expensive, or have limited efficacy [12,17].

MBS represents a helpful adjunct modality for physicians to provide their patients with a coping mechanism. In addition to greatly affecting the perceived impact of the disease, MBS may also reduce the stress-intensification of the disease itself with little to no added expense [15]. Evidence shows that many patients and parents are open to complementary medicine, and it is used by more than half of children with chronic diseases [18]. Unfortunately, only 20-65% of parents discuss this with health care providers, suggesting inversely that physicians may also not be discussing alternative therapies with their patients [18]. MBS presents a potential opportunity for integrated therapeutic development to aid in the treatment of this stressful disease.

**Table 1** Relaxation techniques for children (2,4,5).

<table>
<thead>
<tr>
<th>Technique</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progressive muscle relaxation</td>
<td>Tensing then relaxing isolated muscle groups, often in a systemic fashion (i.e., from feet to head)</td>
</tr>
<tr>
<td>Cue relaxation</td>
<td>Relaxing the body on a verbal prompt, which can either be external or internal</td>
</tr>
<tr>
<td>Autogenic training</td>
<td>Increasing focus and awareness of one’s body</td>
</tr>
<tr>
<td>Guided imagery</td>
<td>Visualizing a relaxing, calming image</td>
</tr>
<tr>
<td>Biofeedback</td>
<td>Recognizing signs of distress and then coping appropriately; typically performed with use of instrumentation</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>Soothing through the intentional and guided touch of another person; includes Healing Touch, Reiki, Qi Gong, and Johrei</td>
</tr>
<tr>
<td>Music therapy</td>
<td>Listening to calming music</td>
</tr>
</tbody>
</table>

**Table 2** Citations in PubMed using MeSH terms with advanced Boolean qualifiers to compare the distribution of literature of pediatric wellness, IBD, and AD as they pertain to mind or spirit.

<table>
<thead>
<tr>
<th>Wellness</th>
<th>Pediatric AND Wellness</th>
<th>Pediatric AND “Inflammatory Bowel Disease”</th>
<th>Pediatric AND “Atopic Dermatitis”</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>3,259,608</td>
<td>113,629</td>
<td>2147</td>
</tr>
<tr>
<td>Mind*</td>
<td>608,075</td>
<td>22113</td>
<td>172</td>
</tr>
<tr>
<td>Spirit*</td>
<td>40,470</td>
<td>922</td>
<td>7</td>
</tr>
</tbody>
</table>

*Mind Boolean: (emotion OR emotional OR mind OR psychology OR counselling OR “mental health” OR psychiatry)

*Spirit Boolean: (spiritual OR spirituality OR meditation OR self-reflection OR prayer OR relaxation OR massage)
References


