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COMMENTARY

Transcendent Spaces: The Role of Museums in Medical Education on Religion and Spirituality

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Abstract: Religion and spirituality are increasingly recognized as important aspects of patient care and medical education, yet many medical schools still lack structured curricula in this area. This is particularly relevant given the increasing gap between younger medical learners who identify as "spiritual but not religious" and their older adult patients who identify as religious. This article explores the potential of museum-based education as an innovative approach to integrate religion and spirituality into medical education. By using museums' diverse collections of religious and cultural artifacts, medical students can learn about various religious traditions around the world and engage in discussions on religion and spirituality in a collaborative and supportive environment. Visual Thinking Strategies, a widely studied visual arts-based method in medical education, can be a particularly effective tool that fosters empathy, cultural humility, and critical thinking. This approach can ultimately help medical students integrate spiritual care into their future practice while also encouraging reflection on the role of religion and spirituality in their personal lives.

Keywords: medical education, museum-based education, visual thinking strategies, religion, spirituality, spiritual care

Introduction

Throughout human history, individuals have sought meaning in something greater than themselves, a search that intensifies for patients and families during healthcare crises. With 71% of young adults (ages 18–29 years) in the United States identifying as either religious or "spiritual but not religious", young adult medical students are likely to have an interest in reflecting on religion and spirituality in their personal lives and/or a desire to learn how to provide spiritual care for their patients.[1] Spirituality has been defined as "the personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community".[2] Religion, on the other hand, involves a search for the sacred and non-sacred goals (such as identity and meaning) within a structured community, often with institutional beliefs, practices, and rituals.[3] Spiritual care is the process of identifying and addressing the spiritual needs of patients, whether they are secular, spiritual, and/or religious.[4]

Despite the importance of religion and spirituality to both personal growth and the practice of medicine, medical students have surprisingly few opportunities to engage in these topics as part of their formal education. Thus, little is known about how best to explore these human experiences—and the enduring questions they raise—with medical students. In this article, we explore the potential of museum-based education as an innovative way to integrate religion and spirituality into medical education.

The Evidence About Religion and Spirituality in Medical Education

While medical schools have increasingly incorporated spirituality and health into their curricula, these programs vary widely and have not been well described and/or evaluated, with some notable exceptions.[5–7] A systematic review of the literature from 1926 to 2020 that included 19 publications found that only around half the courses were mandatory (11/20) and had a pre- and post-test design (11/20), while only three studies assessed the long-term outcomes of the course.[5] Many

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courses included education on taking a spiritual history and the role of chaplains in spiritual care, often incorporating chaplain shadowing opportunities as well as reflective writing.[5]

Another systematic review on spiritual care training programs for students or healthcare professionals identified several barriers to integrating spiritual care into healthcare, such as negative perceptions on spirituality, spiritual care not being viewed as a priority, and a resistance to examining one's own spirituality.[7] A scoping review of religion and spirituality in residents (and inter-relationships with clinical practice and residency training) found that only about 40% of residents reported receiving education on religion and spirituality during medical school and, not surprisingly, many felt they lacked both the knowledge and skills to address these topics with their patients.[8] Thus, more research is needed to guide curricular development and evaluate long-term outcomes.

Although most young adults identify as either religious or "spiritual but not religious", these numbers are not static, and the gap is growing between the percentage of young adults who identify as religious and older adults who identify as religious.[9] In 2007, 74% of young adults (ie, under 30 years of age) and 92% of older adults (ages 65 years or older) identified with a religion.[9] In 2023–24, 54% of young adults and 83% of older adults identified with a religion.[9] This trend suggests a significant and widening gap in religious identification between young adults and older adults. In turn, this may reflect a similar gulf in religious beliefs between medical students and the older patients they will serve.

For many older patients, religion is an important part of their lives, especially during their sickest and most vulnerable moments. In 2023–24, it was reported that 49% of older adults consider religion to be "very important" in their lives, and 55% pray at least once daily.[9] This suggests that religion and spirituality are important aspects of being human for many patients and are therefore relevant in some way to all students who care about the well-being of their patients. The nature of health and healing, the role of suffering, what it means to live well and die well are all important, enduring questions whose answers often depend on one's religious and spiritual beliefs. For example, healthcare providers may need to navigate challenging situations involving patients or surrogate decision makers who refuse blood transfusions or make decisions regarding pregnancy termination based on their religious beliefs. Thus, it is crucial for medical students to explore these questions and develop cultural competence and safety (an important aspect of the core clinical competencies) as they learn to work with patients of various identities and backgrounds.[10,11] Cultural safety is a patient-centered approach that emphasizes the need for providers to reflect on cultural identities as well as their own cultural biases, understand the impact of power imbalances, and create an environment where patients feel respected and empowered.[11,12] A lack of cultural competence and safety regarding religion and spirituality can negatively impact patient-physician relationships and patient-centered approaches to treatment.[13] But how best to educate students on religion and spirituality in a way that is psychologically safe, engaging, and open to diversity?

Museum-Based Education on Religion and Spirituality

One innovative approach to providing medical education on spirituality and cultural humility involves museums. Museums are full of "third things", which can be defined as objects, artwork, texts, and other types of media that provide a mediating focal point for reflection and conversation, thus helping create a safe space for openly discussing different perspectives.[14] "Third things" can be especially helpful when facilitating discussions about difficult topics by balancing vulnerability and emotional safety, as participants can choose to share personal stories or to focus more on the "third thing" if the topic is too personal or painful.[15,16] In medical education, "third things" have been used to help foster empathy, provide opportunities to reflect, and renew a sense of meaning among learners.[17]

As a substantial proportion of the art in museums is religious in nature, these collections can provide opportunities to explore various religious traditions around the world.[18] Art and religion have often been intertwined throughout history, beginning with the use of religious objects and art to conduct rituals and decorate sacred places.[19] For example, rituals and religious beliefs—such as the belief in the afterlife—significantly contributed to the development of Egyptian art.[20] In recent decades, museum exhibitions have addressed the major religions of the world and showcased works from specific faiths in their cultural and historical contexts.[19]

Thus, museums can serve as transcendent spaces that cultivate introspection, especially on topics related to religion and spirituality. Immersion in museum exhibits offers opportunities for "aesthetic awareness", where engaging deeply with art fosters connection and self-actualization, and "numinous experiences", which are moments of transcendence that

can inspire emotions such as grief, joy, or wonder.[21,22] Museums have increasingly embraced this role and have shifted, as museum scholar Stephen Weil stated, "From being about something to being for somebody".[23] In particular, Visual Thinking Strategies (VTS), a well-studied visual arts-based teaching method, can encourage students to reflect and share their insights in a dynamic and collaborative environment. In a VTS session, participants first observe a work of art in silence and then engage in a group discussion guided by three specific questions: (1) What's going on in this picture? (2) What do you see that makes you say that? and (3) What more can we find? These questions are designed to encourage participants to observe closely, ground their interpretations in visual evidence, and persistently engage in open-ended inquiry.[24] VTS has been shown to help promote crucial skills and characteristics important for clinical practice, including empathy, observation, communication skills, cultural sensitivity, and tolerance for ambiguity.[25] One study revealed that an art museum-based program helped clinical-level medical students gain a deeper awareness and progression of their professional identity.[26]

Spiritual care is relevant not only for patients' health and quality of life but also for patients' relatives, partners, and friends who may be caregivers and/or experiencing grief. As chaplains are integral members of the interdisciplinary healthcare team, clinicians and medical students can work with them to contribute to spiritual care. Moreover, museum-based education allows medical students to pause and reflect on religion and spirituality in their personal lives and clinical settings. As spirituality can be described as universal yet deeply personal in nature, these opportunities would allow students to reflect on their own understandings and perspectives on the meaning of spirituality. This reflective practice can potentially act as a protective factor against burnout, especially after emotionally challenging patient encounters.[27]

Discussion

Our article explores museum-based education as an innovative and impactful approach to integrating religion and spirituality into medical education. Using selected artwork and artifacts as "third things", educators can design activities that foster deep reflection and discussions. This approach supports development of both technical and non-technical skills such as observation, communication, and empathy while also providing opportunities for personal insights. Additionally, group discussions in museum settings are often supportive and enhance appreciation of multiple perspectives.

However, this approach also has several limitations. First, it requires training in facilitation to ensure that discussions remain inclusive and meaningful.[28] Second, evidence on the long-term impact of museum-based programs is limited.[5] Third, more research in museum-based education for medical learners, especially regarding religion and spirituality, is needed. We also recognize that not everyone has access to museums in their community—however, many museum-based learning activities, like VTS, have been adapted successfully to classroom and virtual settings.[29–31] Both in-person and virtual formats offer unique benefits, as virtual options offer increased accessibility and comfort for some learners while others may find in-person experiences to be more engaging and powerful.[31]

The advent and adoption of virtual reality (VR), augmented reality (AR), and generative Artificial Intelligence (AI) opens new possibilities for capitalizing on VTS methods in medical education. VR and AR can help create immersive museum-like experiences, allowing learners to engage with religious and spiritual artwork and artifacts even if they lack physical access to museums. In addition, recent advancements in generative AI—such as GPT-4 and easily accessed, responsive video generation—present opportunities for personalized educational content and simulated discussions. At the same time, arts and humanities-based methods can encourage students to reflect on the potential benefits and limitations of using AI tools as well as the uniquely human aspects of patient care.[32] Museum-based educational methods, whether conducted in the museum or elsewhere, may ultimately help support core competencies in medical education, provide spiritual care training, and encourage students to reflect on the meaning of religion and spirituality in their personal and professional lives.

Abbreviations

VTS, Visual Thinking Strategies; VR, Virtual Reality; AI, Augmented Reality; AI, Artificial Intelligence.

Disclosure

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