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# The 3 H and BMSEST Models for Spirituality in Multicultural Whole-Person Medicine

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## Abstract

**PURPOSE** The explosion of evidence in the last decade supporting the role of spirituality in whole-person patient care has prompted proposals for a move to a biopsychosocial-spiritual model for health. Making this paradigm shift in today's multicultural societies poses many challenges, however. This article presents 2 theoretical models that provide common ground for further exploration of the role of spirituality in medicine.

**METHODS** The 3 H model (head, heart, hands) and the BMSEST models (body, mind, spirit, environment, social, transcendent) evolved from the author's 12-year experience with curricula development regarding spirituality and medicine, 16-year experience as an attending family physician and educator, lived experience with

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both Hinduism and Christianity since childhood, and a lifetime study of the world's great spiritual traditions. The models were developed, tested with learners, and refined.

**RESULTS** The 3 H model offers a multidimensional definition of spirituality, applicable across cultures and belief systems, that provides opportunities for a common vocabulary for spirituality. Therapeutic options, from general spiritual care (compassion, presence, and the healing relationship), to specialized spiritual care (eg, by clinical chaplains), to spiritual self-care are discussed. The BMSEST model provides a conceptual framework for the role of spirituality in the larger health care context, useful for patient care, education, and research. Interactions among the 6 BMSEST components, with references to ongoing research, are proposed.

**CONCLUSIONS** Including spirituality in whole-person care is a way of furthering our understanding of the complexities of human health and well-being. The 3 H and BMSEST models suggest a multidimensional and multidisciplinary approach based on universal concepts and a foundation in both the art and science of medicine.

**Key Words:**

- Spirituality
- theoretical models
- whole-person care
- education
- research

**Footnotes**

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*Conflicts of interest: none reported*

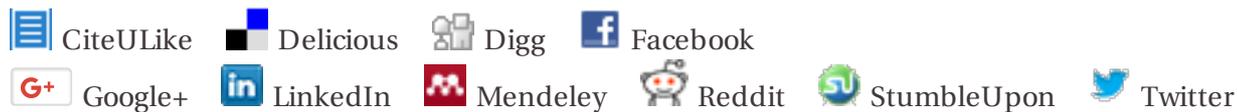
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This work has been previously presented in part at the Society of Teachers of Family Medicine (STFM) 19th Conference on Family and Health, March 3–7, 1999, Kiawah Island, South Carolina; the STFM 20th Conference on Families and Health, March 2000, San Diego, California; the 2000 Conference on Spirituality in Healthcare: Issues of Culture & End of Life, September 2000, Dallas, Texas; the STFM Conference on Families and Health, February 2001, Kiawah Island, South Carolina; the Association for Behavioral Science and Medical Education 31st Annual Conference, October 2001, North Falmouth, Massachusetts; the World Organization of Family Doctors (WONCA) World Conference, October 2004, Orlando, Florida; and the Science and Spirituality: East and West Conference at the Center for Indic Studies, University of Massachusetts, June 26, 2004, Dartmouth, Massachusetts.

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