


Spirituality, Religion, & Health

Touro Institute  מכון טרו

In Conjunction with the



- **Course Description**

- Religion and spirituality are distinct yet related concepts. An individual's spirituality, religious beliefs, and religious practices can all have a profound effect on his or her health.
- The goal of this course is to encourage health care providers to explore the positive and sometimes negative relationships between spirituality, religion, and health. The major spiritual elements and rituals of Buddhism, Hinduism, Islam, Judaism, and Christianity are explored. The benefits of religion on specific health practices are examined, and the role of health care providers in supporting their clients' spiritual and religious beliefs is discussed.

- **Learning Objectives**

- Upon completing this course, you will be able to do the following:
 1. Compare the distinctions between religion and spirituality.
 2. Describe the concepts of religion and religiosity.
 3. Identify the connection between religion, spirituality, and health.
 4. Identify the connection between religion and negative health consequences.
 5. Describe major spiritual elements and rituals found in Buddhism, Hinduism, and Islam.
 6. Describe major spiritual elements and rituals found in Judaism and Christianity.
 7. Discuss the benefits of religion on specific health care conditions.
 8. Describe how health care providers can integrate religious practices and beliefs into health care.

Introduction

Spirituality and religion are similar in many aspects and have overlapping concepts. Experientially, they both involve transcendence, connectedness, and the search for meaning and purpose (Coyle, 2002; Mueller, Plevak, & Rummans, 2001). However, the two terms also have distinct differences.

1. Spirituality involves an integrative energy in that it “encompasses *all* aspects of human *being* and is a means of experiencing life” (Goddard, 2000, p. 975). To many, spirituality is experiential, not intellectual. It can be manifested in experiences with nature or animals, or in relationships with others, the self, or a divine being (Macrae, 2001).
2. Matthews & Clark (1998) propose the following distinctions between religion and spirituality:
3. Religion focuses on establishing community, while spirituality focuses on individual growth.
4. Religion is easier to identify and objectively measure than spirituality.
5. Religion is more formal in worship, more authoritarian in its directions, more orthodox and systematic in doctrine, and has more formally prescribed and proscribed behaviors than spirituality.
6. While religion is more behavior-based and focused on outward, observable practices, spirituality is more emotion-based and focused on inner experiences.
7. While religion is particular, segregating one group from another, spirituality is more universal, emphasizing community and unity with others.

“In short, spirituality poses questions; religion composes answers” (Matthews & Clark, 1998, p. 182).

This course explores the connection between spirituality, religion, and health, and examines some of the spiritual elements and rituals found in the world’s major religions. Before proceeding further, however, it is important to define the terms *religion* and *religiosity*.

Religion and Religiosity

Religion is usually recognized as the practical expression of spirituality: the organization, rituals, and practice of one's beliefs. Derived from the Latin word *religare*, which means to bind together (Mueller et al., 2001), religion is a personal way of expressing spirituality through affiliations, rites, and rituals based upon creeds and communal practices (Matthews & Clark, 1998).

Religion is composed of beliefs and willful behaviors with a moral component. It can be intertwined with a culture, as Judaism is with Israel or Hinduism is with India, or it may be countercultural, as with the Amish in the United States (Burkhardt & Nathaniel, 1998). According to Boudreaux, O'Hea, and Chasuk (2002), religion "searches for the sacred and uses specific, prescribed behaviors and practices sanctioned by an identifiable group of people" (p. 440).

Religion and Religiosity

Religion and its accompanying beliefs and behaviors can affect every aspect of life, including social organizations, political beliefs, economic status, family life, sexual activity, criminal behavior, fertility, personality characteristics, human development, and even the report of paranormal experiences (Levin, Chatters, Ellison, & Taylor, 1996).

People with an intrinsic religious orientation internalize their religious doctrines and follow them completely. Religion is a major force in their lives. People with an extrinsic religious orientation regard religion as a means to provide security or social connections in their lives (Mickley, Soeken, & Belcher, 1992).

Religion and Religiosity

Religiosity is a term that refers to the degree of participation in or adherence to the beliefs and practices of an organized religion (Mueller et al., 2001). Religiosity is a more public, human-made, formal, and socialized practice, while spirituality is a private, naturally occurring, informal practice that exists independently of any formal institutions (Boudreaux, et al., 2002). Religiosity may be expressed through dietary practices, prayers, rituals, modes of dress, and the study of sacred texts (Dossey, 1993, 1996).

While an individual might be spiritual without being religious, or religious without being spiritual, the very spiritual tend to be religious, and the very religious tend to be spiritual. Many people, whether they are religious or not, are aware of an evolving pattern of life that is out of their control and links them in a personally meaningful way to the rest of reality. They also report feeling the presence of God (or a higher power) in nature, and this feeling connects them creatively to others (Narayanasamy, 1999).

American Spirituality and Religion

No amount of data can capture the full complexity of the terms *religious* and *spiritual*, but the following information may help to explain American spirituality and religion (Larson & Koenig, 2000; Matthews, 2000; Scott, 2001):

- 59% of Americans describe themselves as both religious and spiritual
- 65% of Americans have positive associations with the word *religion*
- 74% of Americans associate the word *spirituality* with positive feelings
- 20% of Americans see themselves as solely spiritual
- 8% of Americans see themselves as solely religious
- Approximately 95% of Americans believe in God or a higher power
- More than 40% of Americans attend worship services weekly
- Approximately 75% of Americans state that their religious faith forms the foundation for their approach to life
- 73% of Americans report that prayer is an important part of their daily life
- 35% of Americans engage in prayer for the healing of their medical conditions

The Connection Between Spirituality, Religion, and Health

- Many cultures of the world believe that spirituality and health are intimately connected. In *Ageless Body, Timeless Mind*, Dr. Deepak Chopra (1993) explains the interconnectedness of body, mind, and spirit this way: “Spirituality is not meant to be separate from the body. . . . Sickness and aging represent the body’s inability to reach its natural goal, which is to join the mind in perfection and fulfillment” (p. 167).
- Since the energy force of spirituality is often transmitted through religious practices that can provide both the health care provider and the individual with insight, meaning, and healing, it’s easy to see that complex connections exist between spiritual and religious beliefs and practices and an individual’s physical and psychological health. Long before antibiotics or aspirin, extracts or x-rays, people who were ill turned to spiritual or religious healers to help them get better. Religious and spiritual concerns with health and illness date back to the beginning of human history. For example, as early as 100,000 years ago, humans began using rituals when burying their dead, presumably to provide for their well-being in another life (O’Hara, 2002).
- While modern Western medicine has increasingly focused on the physiologic aspects of disease and on technology for cures, many individuals and health care providers have returned to a focus on the whole person, including the spiritual dimension.

The Connection Between Spirituality, Religion, and Health

- Medical, social science, and psychological literature all support the positive link between religion, spirituality, and health. The supportive community and meaningful life of a spiritual and/or religious individual mean better health, lower mortality, and less disease. Religious beliefs and practices, such as prayer, trusting in God, turning problems over to God, and support from a minister or congregation become extremely important to people when they become physically ill and must face the possibilities of surgery or rehabilitation. Religious beliefs become stronger as a result of these stressors (Koenig, 2000).
- Religious participation also increases with increasing age. Whether this is because older persons today were raised during a time when religion was very important or because religious people tend to live longer is not known, but many older adults state that religion is *the most important factor* in helping them cope with a physical illness or life stressor or adapt to personal losses or the difficulties of caregiving (Ebersole & Hess, 1997; Koenig, 2000).

The Connection Between Spirituality, Religion, and Health

- According to Skokan and Bader (2000), spirituality can bring an ill person three benefits: hope, strength, and emotional support. As a result, spiritual individuals can experience a sense of satisfaction with their lives even in the face of the illness experience.
- Koenig (1999) also refers to another benefit of spirituality—that of “spiritual joy.” Spiritual joy is an intense, personally satisfying experience that goes beyond loving friendship to a transcendental experience. This joy can exert a powerful influence in the individual’s participation in life-enhancing, life-promoting activities.

Research Findings

- While participation in religious activities is, perhaps, the easiest way to measure religiosity, many studies have uncovered the powerful connection between spirituality, religion, and health (Larson, Swyers, & McCullough, 1998; Matthews & Clark, 1998). For example, scientific studies show that religious involvement “helps people *prevent* illness, *recover* from illness, and—most remarkably—*live longer*” (Matthews & Clark, 1998, p. 19).
- According to Matthews & Clark (1998) research has shown that those who attended religious services one or more times a week had dramatically lower death rates than their counterparts who did not attend religious services as frequently. Deaths from coronary artery disease showed a 50% reduction, emphysema showed a 56% reduction, cirrhosis of the liver showed a 74% reduction, and suicide was reduced by 53%. Certain sexually transmitted diseases, pulmonary tuberculosis, and abnormal cervical cytologies were also reduced.

The Connection Between Spirituality, Religion, and Health

Other research on the connection between religion and health since that time has demonstrated the following:

- There is a positive relationship between religion and physical as well as mental health (Astedt-Kurki, 1995; Ebersole & Hess, 1997; Koenig, 1999, 2000; Levin et al., 1996).
- Persons who attend religious services regularly (once a week or more) are only about half as likely to be depressed as those who do not attend services (Koenig, George, & Peterson, 1998; Mueller et al., 2001).
- Many people depend on religion and spirituality as their primary method of coping with physical health problems and the stress of surgery (Boudreaux et al., 2002; Koenig, 2000).
- Religiousness may alter the perception of disability such that those who are more religious actually perceive themselves as less disabled and more physically capable than those are less religious (Koenig, 2000).
- Adults who both attend weekly religious services and read religious scriptures at least daily are less likely to experience high blood pressure (Koenig, George, Cohen, et al., 1998a; Larson & Koenig, 2000; Mueller et al., 2001).
- Higher levels of religious involvement are associated with the practice of positive health-related behaviors such as self-care and hygienic regimens (Koenig, 2000; Levin et al., 1996).

The Connection Between Spirituality, Religion, and Health

- Most older persons report that religion helps them to cope with or adapt to personal losses or difficulties such as care-giving (Ebersole & Hess, 1997; Koenig, 2000).
- Adults who both attend weekly religious services and pray or read religious scriptures daily are almost 90% less likely to smoke cigarettes than those less involved in religion. Many are less likely to ever start smoking (Koenig, 2000; Koenig, George, Cohen, et al., 1998b).
- People with strong spiritual beliefs seem to resolve their grief more rapidly and completely after the death of a close person than do people with no spiritual beliefs (Walsh, King, Jones, Tookman, & Blizard, 2002).
- Religious attendance has been associated with a longer life, more hopefulness, less depression, healthier lifestyle choices, longer marriages, and an expanded social network (Koenig, 2000; Koenig, Hays et al., 1999; Larson & Koenig, 2000; Westlake, 2001).
- Religious involvement may help boost immune system functioning, facilitate healing and recovery, and prevent infection after surgery (Koenig, 1999, 2000).
- Religious involvement is associated with less cardiovascular disease and cardiovascular mortality (Koenig, 1999; Mueller et al., 2001) and a decreased incidence of cancer (Mull, Cox, & Sullivan, 1987).

The Connection Between Spirituality, Religion, and Health

Although research has demonstrated that participation in religious activities is an important component in preventing disease, achieving a state of well-being, healing from illness, and extending the life span, one mystery remains: why some people are cured and others are not.

It is important to remember that religious participation and spirituality are no guarantee for physical health (Matthews & Clark, 1998).

The Connection Between Spirituality, Religion, and Health

Religion and Negative Health Effects

Not all of the evidence is conclusive, but some research supports the view that religious affiliation can have negative consequences on an individual's health and well-being (Koenig, 2000; Mueller et al., 2001; O'Hara, 2002). Koenig (2000) and Mueller et al. (2001) list the following negative consequences:

- Devout religiousness may cause excessive guilt, narrow-mindedness, and inflexibility that may lead to neuroses.
- Religious cults can isolate and alienate individuals from their family, friends, and community and may even encourage self-destruction. (Reverend Jim Jones' group in Jonestown, Guyana, is one such example).
- Some religious groups may discourage appropriate mental and physical health care or encourage the discontinuance of traditional treatments.
- Some religious beliefs may support the failure to seek timely medical care or discourage effective preventive health measures (such as childhood immunizations and prenatal care).
- Religiously involved persons may have unrealistically high expectations for themselves, resulting in anxiety, isolation, alienation, or depression.
- Religious preoccupations and delusions are often a component of obsessive-compulsive, manic-depressive, and schizophrenic individuals.

The Benefits of Religion on Specific Health Conditions

Individuals with life-threatening or chronic health conditions can benefit greatly from spirituality and religious practices. Individuals with cancer, asthma, HIV, chronic pain, multiple sclerosis, burns, end-stage renal disease, and coronary artery disease all report that religious and spiritual beliefs and practices help them cope with their disease (Mueller et al., 2001). Since spirituality involves finding meaning in life and its experiences, the seriously or chronically ill person must actively engage in the process of “finding” that meaning (Skokan & Bader, 2000).

A great deal of what we know about the connection between spirituality, religion, and health has come from studies examining cancer, since a diagnosis of cancer often raises deep spiritual issues (Boudreaux et al., 2002). Although further research is needed, a link between religion, spirituality, and health has been established.

- Religious beliefs had a positive impact on spiritual well-being in women with breast cancer (Mickley et al., 1992).
- Spirituality and presence are believed to play crucial roles in an individual’s recovery from acute illness and surgery and from an acute myocardial infarction (Boudreaux et al., 2002; Walton, 1999).
- Spirituality seems to improve resiliency, well-being, and the ability to cope with difficult life events in those people with HIV/AIDS. Distance healing and intercessory prayer has been effective in wound healing (Boudreaux et al., 2002; Coward, 1995; Koenig, Cohen et al., 1997).
- Individuals with rheumatoid arthritis derived significant short- and long-term physical benefits from in-person intercessory prayer ministry (Matthews, 2000).
- Religious activities have enhanced people’s ability to cope with many chronic illnesses, including cystic fibrosis, diabetes, chronic renal failure, coronary artery disease, and spinal cord injury (Matthews, 2000).
- End-of-life care emphasizes the physical and spiritual aspect of care. Many terminally ill individuals derive great strength and hope from their religious and spiritual beliefs (Mueller et al., 2001).

Religious Beliefs, Religious Practices, and Health

As people have come to America from all over the world, they have brought with them the world's religious traditions—Buddhism, Hinduism, Islam, Judaism, and Christianity, among many others. As a result, the United States is the most religiously diverse nation on the earth (Eck, 2001).

The many diverse religious faiths that make up the United States often come to mind when health care providers think about the spiritual aspect of care. This religious diversity impacts health and the delivery of health care. According to B. Y. Rhi (2001), “Religious cultures are the most powerful factors that modify the individual's attitudes toward life, death, happiness, and suffering” (p. 573). They influence every aspect of mental and physical health, to varying degrees.

Religious Beliefs, Religious Practices, and Health

Since a person's religious beliefs influence how he or she interprets life experiences, personal health, illness, and death, providing spiritually appropriate care means becoming familiar with religious beliefs and practices. Health care is provided more effectively when professionals have at least some knowledge of the various major religious traditions that influence client attitudes toward health and health care (Taylor, 2002). The relationship between an individual's religion and culture should also be evaluated in depth, since one might, for example, encounter a Korean client who identifies himself as a Protestant but occasionally consults a fortuneteller and also participates in Confucian ancestor worship (Rhi, 2001).

While Western health care providers often come from a primarily Judeo-Christian background, a broader understanding of other faiths and perspectives is important. To assist health care professionals in understanding and appreciating the similarities among major world religions, especially with regard to the health care practices and rituals specific to each, this section briefly describes the religious traditions and health care practices of some of the most commonly seen religions in the United States: Buddhism, Hinduism, Islam, Judaism, and Christianity.

Please note:

This section is not meant to serve as an in-depth examination of all the world's religions, nor is it intended to stereotype individuals or their religions in any way. It is simply offered as an overview to help broaden the health care provider's and spiritual care provider's awareness and allow them to provide spiritually compassionate care.

Buddhism

Many schools of thought and many sects exist within the Buddhist religion (Northcott, 2002). However, certain core beliefs unify this religion. Buddhism does not recognize a single supreme, personalized being whose word must be followed. It recognizes, rather, an accumulation of wisdom to which each generation adds its understandings.

Approximately 2,500 years ago, a prince was born who became known as Buddha, the Enlightened One, or the Awakened Being. Buddhism teaches that Buddha can show the way to enlightenment but it is up to each person to practice a way of life that emphasizes compassion, mind control, transformation of negative thought, and attainment of ultimate wisdom (Eck, 2001; Hitchcock, Schubert, & Thomas, 1999; 1991; Taylor, 2002).

Buddhists believe in the theory of karma: for every action there is a consequence, and the consequence will occur either in this life or a future life (Eck, 2001; Hitchcock et al., 1999; Taylor, 2002). The primary religious goal of Buddhism is to achieve the state of One-Mind (*Il-shim*) or nirvana, a state of liberation that follows the concepts of divine teachings and a peaceful, harmonious existence of humility (Northcott, 2002; Rhi, 2001).

Religious Beliefs, Religious Practices, and Health

Health beliefs and practices are synonymous in Buddhism and include the following (Hitchcock et al., 1999; Taylor, 2002):

- Meditation and mind control
- Chanting
- The four requisites (proper clothing, food, lodging, and medicine)
- Vegetarianism
- Avoidance of alcohol and tobacco
- Emetics and purging
- Oils and ointments
- Medicinal drugs and herbs
- Surgery

In addition, Buddhism holds the belief of continual rebirth, or reincarnation, until nirvana or liberation is experienced. Buddhism places a high value on compassion. Organ donation, for example, is not strictly prohibited (Gillman, 1999).

Inn and *Ko* (cause and effect) are principles of Buddhism that encourage people to “do the right thing” and receive good in return. In Buddhism, fate, *Inn*, and *Ko* are the main factors that determine health. When people are aware of their behavior and are morally good, they have little guilt, peace of mind, and health and well-being (Chen, 2001).

Hinduism

Hinduism is believed to be the oldest of the world's religions, dating from about 2500 b.c. Derived from the name of the river in India now called Indus, Hinduism is a fusion of traditions and shared beliefs (Jootun, 2002). It reflects a metaphysical understanding and way of life that defines morals, customs, medicine, art, music, and dance. The one major guiding philosophy for all Hindus is that all is Brahman, the Supreme Being.

Health practices in the Hindu culture are based on an understanding of *prana*, the life force energy of humans. In Hinduism, *chakras* (energy centers) are associated with consciousness and with body functions. When these primary forces are in harmony, good health results. When there is disharmony, disease or illness is thought to result (Hitchcock et al., 1999; Taylor, 2002).

Religious Beliefs, Religious Practices, and Health

Hinduism's customs, beliefs, and values are based on the assumption that every living thing has a soul that passes through successive cycles of birth and rebirth. The Hindu idea of karma is that each person is reborn so “the soul may be purified and ultimately join the divine cosmic consciousness” (Jootun, 2002, p. 38). Hinduism views the person as a combination of body, mind, and soul within a context of family, culture, and environment. Purity is important (Jootun, 2002).

In Hinduism, disease is a reflection of the individual's life. Therefore, the person's diet, relationships, the environment, the seasons, personal thoughts, attitudes, and lifestyle are considered when treating or diagnosing a client. Treatment focuses on balancing “the humors” (air, fire, earth, and water). Balancing these humors and releasing toxins by means of diet, fasting, enemas, purgatives, and massage are the goals of treatment. Rituals often include the use of fire, water, light, scents, sounds, flowers, postures, gestures, and mantras. Many Hindus are vegetarians for spiritual reasons. They view the cow as a sacred animal and the pig as a scavenger whose meat is “dirty,” so they do not eat beef and pork. The Hindu religious calendar includes numerous festivals, fasts, and holidays (Hitchcock et al., 1999; Jootun, 2002; Taylor, 2002).

Islam

Islam has its roots in seventh-century Arabia, although Islam is not an “Arabic” religion (Hedayat & Pirzadeh, 2001). The Arabic word *islam* means “submission” and is derived from a word meaning peace. Islam is a sociology and philosophy for life and includes a belief in holism. The followers of Islam are known as Muslims. Today, there are approximately 1.3 billion Muslims in the world (Rassool, 2000).

Around a.d. 570, the prophet Muhammad was born. The Koran (the sacred book of Islam) records the teachings that were channeled through Muhammad by the archangel Gabriel while Muhammad prayed in a cave. Among those teachings, the nature of God as the Absolute was made known. *Allah*, the Arabic name for God, is the term used by Arabic Muslims and Christians as well as non-Arab Muslims.

The Koran says there is no God but Allah and warns against the worship of idols (Hitchcock et al., 1999). Islam’s main tenet is “There is no God but Allah, and Muhammad is his messenger” (Taylor, 2002, p. 237). The Koran is placed above all other books (literally and philosophically) and so it is never to be placed on the floor (Akhtar, 2002).

Religious Beliefs, Religious Practices, and Health

In Islam, human beings are the “crown of creation” (Daar & Al Khitamy, 2001, p. 61). Duties and obligations are extremely important. Children are valued and respected in Islam as individuals with inherent rights, including the right to be respected and not treated violently. The mother’s role is to raise morally and physically sound children, while the father is responsible for education, marriage, and all financial costs related to child-rearing (Hedayat & Pirzadeh, 2001).

The “Five Pillars of Faith” are Islamic religious rituals and practices and include the following (Akhtar, 2002; Hitchcock et al., 1999; Rassool, 2000; Taylor, 2002):

- **Profession of faith:** There is no god except Allah, and Muhammad is His messenger. This first article of faith is called the *Shahadah*.
- **Prayer:** Obligatory prayers are performed five times a day while facing the city of Mecca: at dawn, midday, late afternoon, sunset, and late evening.
- **Almsgiving:** Giving alms or charity (called *Zakat*) is a form of purification and growth. Wealth is purified by setting aside a proportion for others in need.
- **Fasting:** Fasting is regarded as a spiritual means of self-purification and involves prayer, reflection, and positive thoughts toward others. Daily fasting from dawn to sunset during the month of Ramadan means abstaining from eating, drinking, and sexual relations. Children begin fasting and praying when they reach puberty.
- **Pilgrimage:** Making a pilgrimage to Mecca (called *Hajj*), in the Kingdom of Saudi Arabia, should happen at least once in a person’s lifetime, if possible. Individuals who make the pilgrimage wear simple clothing so status, class, culture, and color are not disclosed, and all are equal before Allah.

Religious Beliefs, Religious Practices, and Health

Five goals for believers of Islam include protecting life, mind, religion, family, and property (Taylor, 2002). Thus, for those who practice Islam, a health care decision may be influenced by the goal of protecting life.

While Muslims may consider illness an atonement for their sins, they do not consider it a punishment or an expression of Allah's wrath (Daar & Al Khitamy, 2001). Muslims view death as part of a journey to meet their God. They believe health and illness are part of a continuum of being, and they receive illness and death with patience, meditation, and prayers (Rassool, 2000). According to Rassool (2000), other Islamic health practices include the following:

- Regard for the sanctity of life
- Moderate eating
- Regular exercise, prayers, fasting, and bathing
- Abstinence from alcohol, tobacco, and other psychoactive substances
- Circumcisions of male infants
- Blood transfusions after proper screening
- No autopsies, abortions (except to save a mother's life), assisted suicide, or euthanasia
- Transplantation of organs (with some restrictions)
- Prohibition of homosexuality (but caring for individuals with AIDS)

Caring is embedded in the framework of Islam. Allah expects human beings to care for the weak. Spiritual care is important, and respect for diversity and tolerance of non-Muslim individuals are expected.

Judaism

Judaism is best understood through the history of the Jewish people, a group of ethnically, socially, and culturally diverse people. There are an estimated 10 million Jewish people in the world (Collins, 2002). However, not all Jews practice Judaism.

Judaism has three main branches: Orthodox, Conservative, and Reform. Judaism holds that the saving of a human life takes precedence over all other laws and is believed to be the noblest act a person can perform. Thus, organ donation is an acceptable act to many Jews (Gillman, 1999).

Religious Beliefs, Religious Practices, and Health

The Jewish people who practice Judaism have a highly moral lifestyle that regards the Torah and its commandments and teachings as a guide for a way of life (Collins, 2002). Teachings of Judaism include the following (Hitchcock et al., 1999):

- The divine covenant with God can never be broken.
- The Law as set forth in the Bible as the Ten Commandments must always be followed.
- God has promised a vision of a new heaven and a new Earth with the coming of the Messiah.
- There is only one God.
- Only the sins of humankind separate people from the divine.
- The Sabbath is the central day of the week.
- Humans are to love, praise, and serve God above all else.
- The Torah (the five books of Moses) holds Judaism's laws and sacred traditions.
- The family is seen as the basic unit of society and has sacred obligations to maintain integrity and purity in relationship with God.
- Spirit and body are considered separated at death.

Certain Judaic practices involve laws governing food types that cannot be eaten (such as pork, shellfish, and their derivatives) and the utensils in which food may be cooked. Meat, milk, and milk products may not be eaten together nor cooked together (Collins, 2002).

Christianity

With the birth of Jesus Christ in Palestine during the reign of Herod the Great, Christianity emerged. Christianity teaches of one God consisting of a trinity—Father, Son, and Holy Spirit.

Christianity is found in almost every country in the world and includes three major branches: Catholics, Protestants, and Orthodox. Christianity is made up of many denominations or churches, with each having its own set of beliefs, practices, and rituals (Eck, 2001; Hitchcock et al., 1999; Taylor, 2002). These include the Church of England, Catholicism, Orthodox Christianity, Presbyterianism, Methodism, Pentecostalism, Seventh Day Adventism, as well as many others (Christmas, 2002). Christians use the Bible as the source of inspiration; however, interpretations may vary.

Religious Beliefs, Religious Practices, and Health

The primary goal of Christianity is salvation (Rhi, 2001). Those who live a good Christian life will go to heaven and be with Jesus Christ (Christmas, 2002). According to orthodox Christian religions, such as Greek Orthodox, all people should be treated with respect and dignity. Home and family life are central to the orthodox lifestyle (Papadopoulos, , 2002).

The use of prayer is common to all denominations. Christians hold different views on what happens after a person dies, but they generally accept that there is an afterlife and that God's final judgment determines an individual's ultimate future of heaven or hell. Two rituals that are practiced include *communion*, the ingestion of bread and wine as symbols of Jesus' body and blood, and *baptism*, an immersion in or application of water to signify cleansing from sin and passage into Christianity (Eck, 2001; Hitchcock et al., 1999; Taylor, 2002).

Health beliefs and practices vary widely among each of the three branches of Christianity. The Bible includes many examples of Jesus healing the sick through laying on of hands, faith healing, and releasing demons. Specific practices, such as organ donation, also vary. For example, Protestant Christians are in favor of organ donation, while Jehovah's Witnesses support organ donation only as long as all blood is removed from the organs and tissues before they are transplanted (Gillman, 1999).

Judeo-Christian Beliefs

Since Western health care providers often come from a primarily Judeo-Christian background, an examination of their common beliefs may be helpful. According to Matthews & Clark (1998), the Judeo-Christian perspective shares the following beliefs:

- God is seen as a person to whom human beings can relate as a person.
- While human beings are made in the image of God, he is transcendent, omnipotent, omnipresent, and far greater than humans can imagine.
- There is a moral code to be obeyed, and while there are different interpretations of this code, people strive to know God's will and live by it.
- God has given humans free will. While he acts in their lives, they can choose to accept or reject him.

Integrating Religious Practices and Beliefs into Health Care

To provide spiritually compassionate care, health care professionals need to consider both religious and spiritual needs when planning care for their clients. Rules regarding right and wrong as well as guidelines for handling these issues are usually included in religious teachings. However, health care professionals need to be aware of the diversity of religious practices that exist both within and between faiths, as well as the various spiritual beliefs. Because religious beliefs originate from a particular worldview, rules and values may vary among different religions or cultures. For example, Orthodox Muslim women have very strict rules for proper public dress, but not all Muslim women will follow those rules.

Caution should be exercised in planning care. Just because someone belongs to a particular faith does not mean he or she actively practices that faith. For example, some Catholic clients may not wish to have a priest called to tend to their spiritual needs. Health care professionals should always ask clients or their families about their specific spiritual needs before intervening (Burkhardt & Nathaniel, 1998).

Key Concepts

Summary

- Religion is the practical expression of spirituality and involves the organization, rituals, and practice of one's spiritual beliefs. This practical expression can be a powerful healing force when it is transmitted between the knowledgeable, compassionate health care provider and the client. While a few aspects of religion may have some negative effects on the well-being of some individuals, it provides most with tremendous benefits.

Key Concepts

Concepts

1. ***Spirituality*** is a broader concept than religion and is primarily a dynamic, personal, and experiential process. ***Religion*** is usually recognized as the practical expression of spirituality: the organization, rituals, and practice of one's beliefs.
2. Religious and spiritual concerns with health and illness date back to the beginning of human history.
3. While religion and spirituality are not “magic bullets” that prevent aging, illness, and disease, the medical, social science, and psychological literature support a positive link between religion, spirituality, and health. However, religion and spirituality may also have some negative effects on an individual's health and well-being.
4. Health care is provided more effectively when professionals have at least some knowledge of the various religious traditions that influence client attitudes toward health and health care.
5. Both the nonreligious client and the nonreligious health care provider may still consider themselves spiritual. Supportive care can be provided regardless of whether an individual is an agnostic, an atheist, or a religious follower.

Questions for Reflection

1. Caring for the “whole person” includes paying attention to and nurturing the person’s religious and/or spiritual needs. Sometimes, a health care provider’s own views can get in the way of providing compassionate care. Take a moment to reflect upon your views and any ways in which they may interfere with your ability to provide care. If you are nonreligious, do you sometimes overlook the importance of religion to others? If you are extremely religious, do you have difficulty relating to someone who disagrees with your views?
2. Your patient or client asks you to pray with her, but you know your religion and religious beliefs are quite different from hers. What do you do?

Evidence

Background

Unlike other major health systems, such as Ayurvedic or Traditional Chinese Medicine, Western biomedicine has not generally included a spiritual component in either its explanation of health and disease processes or in its treatments.

As you saw in "History," Western medicine was holistic in the Greek tradition until the Renaissance. But after the Renaissance, the spirit or soul became the domain of the church and the body the domain of medicine.

The gulf between the two domains widened with the development of allopathic biomedicine medicine in the 19th and 20th centuries.



Western medicine has generally treated only the body and left the spirit to the church.

Evidence

Body of Research Growing

Today, the body of research on health and health outcomes related to religion and spirituality is growing in volume and in rigor. [Mathews and Larson](#) charted the way with their classic Annotated Bibliography of Clinical Research on Spiritual Subjects.

Most of the research is descriptive, such as Levin's 20 plus years of epidemiological research on religion and health ([Levin, 2001](#)). However, in a critical review of 2700 published reports on spiritual healing, energy medicine, and mental intention effects, Jonas and Crawford demonstrate that an increasing amount of research is now experimental (although the majority of the research to date is still correlational). ([Jonas and Crawford, 2003](#)).

Note that much of the research focuses on religion because of the difficulties of measuring spirituality. For example, the research reported by Koenig focuses on religion "because most of the research that links spirituality and health has thus far operationalized spirituality in terms of religion (given the difficulty of measuring spirituality as a separate concept)" ([Koenig, 2001](#)).

The scientific evidence that follows is based largely on descriptive studies.



The body of research on health and health outcomes related to religion and spirituality is growing in volume and in rigor.

Evidence

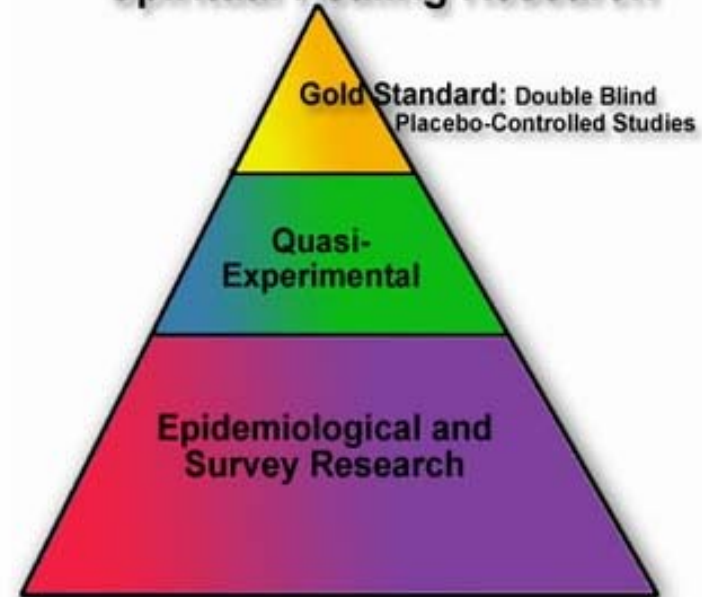
Jonas and Crawford

Jonas and Crawford (2003) provide a critical review of over 2700 published reports on spiritual healing, energy medicine, and mental intention effects. Their review includes 140 laboratory studies, 75 randomized controlled trials and 120 summaries or reviews, 94 reports of observational studies and non-randomized trails, 172 descriptive studies, case reports and surveys and 850 other writings.

Jonas and Crawford **conclude that there is evidence to suggest that mind and matter interact consistent with the assumptions of distance healing.**

They believe that quality research should examine healing of specific illnesses in "real life" clinical situations.

Current Evidence Levels for Spiritual Healing Research



Jonas and Crawford visually depict the types and quantities of current research on spiritual healing.

Evidence

Koenig

Koenig, McCullough, and Larsen's [Handbook of Religion and Health](#), published in 2001, presents an analysis of 1200 scientific papers and 400 review articles from the last 40 years. They examine the scientific evidence for the relationship, both positive and negative, between religion and health outcomes.

Specifically, these researchers look at the effect of religion on outcomes for depression, suicide, anxiety disorders, schizophrenia and other psychoses, alcohol and drug use, delinquency, marital instability, and personality.

Their review of the research on religion and physical health includes heart disease, hypertension, cerebrovascular disease and the brain, immune system dysfunction, cancer, mortality, pain, and other somatic symptoms.



Koenig's concept of religion and spirituality.

Evidence

Koenig

Koenig, McCullough, and Larsen provide a comprehensive chart, divided by outcome, that supplies the following information for each of the 1600 studies they have reviewed: investigator, date of publication, study type, method, number of subjects or participants, population, location, religious variable, findings, controls, and a rating from 1 to 10.

The ratings are based on the overall study design, sampling method, quality of the religious measure, quality of statistical analysis, interpretation of results and discussion in the context of existing literature. A higher rating suggests a better overall study.

Few of the studies were initially designed to examine the effects of religious involvement on health. Only a handful of studies were intervention studies capable of testing the hypothesis that religion influences health, positively or negatively.

Even with this caveat, the vast majority of cross-sectional and prospective cohort studies found better health outcomes over time for those who have a religious or spiritual practice. The clinical trials using spiritual interventions demonstrated superior health outcomes compared with controls.

The vast majority of cross-sectional and prospective cohort studies found better health outcomes over time for those who had a religious or spiritual practice compared with controls.

Results of Koenig's review.

Evidence

Dossey and Others

[Dossey's 1997](#) review of the effects of prayer on health outcomes concurs with [Koenig](#).

The MANTRA project, a clinical trial of cardiac patients at Duke University, is demonstrating the positive impact of prayer on patient outcomes, such as fewer complications, less medication needed, and quicker return to health ([Krucoff, 2000](#)).

Even the now classic, double-blind study by [Randolph Byrd](#) in 1979 demonstrated positive health outcomes for cardiac patients who were randomly assigned to a prayer intervention.

Dossey and others note the lack of attention this research has claimed on the health professions. If a new drug had been found to be as efficacious as the effect of prayer on patient outcomes as in the Byrd study, it would have been touted as something of a miracle and would have received extensive media and professional attention.



The now classic, double-blind study by Randolph Byrd demonstrated positive health outcomes for cardiac patients who were randomly assigned to a prayer intervention.

Evidence

Levin's Research

Levin's research spans two decades and is summarized in *God, Faith, and Health: Exploring the Spirituality-Healing Connection*.

Levin suggests that being involved in a religious organization, combined with daily religious practices such as prayer or meditation, is correlated with improved health outcomes. He posits that each of the following offer specific health benefits:

1. Religious affiliation and membership
2. Regular religious fellowship
3. Participation in worship and prayer
4. Religious beliefs
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Religious affiliation and membership benefit health by promoting health behavior and lifestyles.

For example, researchers found that Seventh-Day Adventists had a 57% advantage over non-Adventists from death due to ischemic heart disease. (p.24)

This suggests that the life-style of Seventh-Day Adventists that includes a vegetarian diet appears protective for this condition.

Among Asian American Buddhists, hypertension was much less prevalent than among other non-religious Asian American persons: 10.9 percent as compared with 29.3 percent.

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Regular religious fellowship benefits health by offering support that buffers the effects of stress and isolation.

The effects of social support on health have been established in literally thousands of studies over the past 25 years.

Scientists at Johns Hopkins University researched the relationship between social support, as it relates to religious participation, and health in an epidemiological study of 90,000 persons. They found that less than monthly religious attendance doubled and even tripled the risk of death due to arteriosclerotic heart disease, pulmonary emphysema, cirrhosis of the liver, suicide, and cancers of the rectum and colon.

A follow-up study found an actual dose-response relationship between total deaths and frequency of religious attendance. They found that weekly attendance reduced risk of death in the following year by nearly 50%. (p. 51)

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Participation in worship and prayer benefits health through the physiological effects of positive emotion

Levin maintains that the "benefit of religious devotion for well being extends above and beyond any benefit attributable to religious affiliation or organized religious participation. Further this benefit does not simply reflect the known health advantages of social support, nor does it disappear in the presence of life stress." (p. 77-78)

Levin suggests a linkage between religious worship leading to positive emotions in turn leading to health. He asserts that the heartfelt emotional responses are potentially protective and religious worship has few equivalents (p. 81).

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Religious beliefs benefit health by their similarity to health-promoting beliefs and personality styles.

An example is the role of religious belief in reappraisal of challenging, frightening, or hopeless situations. Reappraisal through religious belief can help to stabilize emotions and prevent further distress. Emotional stabilization may, in turn, lead to healing (whereas the opposite could result from the effects of emotional stress on the body's resources).

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Simple faith benefits health by leading to thoughts of hope, optimism, and positive expectation.

The past president of the Association for Applied Psychophysiology and Biofeedback and Professor at Stanford University, Ian Wickramasekera, states, 'I believe that understanding the mechanisms of faith, the placebo effect, and learning how to systematically use the power of the expectancy and the memory of prior healings is one of the most important long-term goals for health care in the 21st century.'

This strong statement comes from the epidemiological research demonstrating the links between faith, hope and health outcomes.

Evidence

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Mystical experiences benefit health by activating a healing bioenergy or life force or altered state of consciousness.

In *The Relaxation Response* (1975), Harvard Professor Herbert Benson described the physiological changes resulting from techniques used by many people to prevent becoming overstressed. Dr. Benson maintains that these techniques can be found throughout the world's religions in such practices as Yoga, Zen and contemplative prayers of Christians, Jewish Kabbalists and Sufi mystics.

In spite of this, Western biomedicine seems to reject the connection between a spiritual energy and a force that heals disease or helps to maintain health and wellness. This connection is and has been part of virtually all the world's religious and healing systems both now and throughout history.

Evidence

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Absent prayer for others is capable of healing by paranormal means or by divine intervention.

Although we do not know why, some evidence suggests strongly that prayer works locally and non-locally on healing, as described in Dossey's work on prayer.

For a discussion of how prayer heals, see Levin's article *How Prayer Heals in Alternative Therapies* 1997.

Evidence



Most of the research on health and health outcomes related to religion and spirituality is experimental.

Click True or False.

- True
- False

Evidence



Most of the research on health and health outcomes related to religion and spirituality is experimental.

Click True or False. When done, click Check My Answer.

- True
- False

That's correct! While an increasing amount of research is now experimental, the majority of the research to date is still correlational or epidemiological. (Jonas and Crawford, 2003).

Evidence



Which of the following is NOT one of Levin's principles?

Click the best answer.

- A. Regular religious fellowship benefits health by offering support that buffers the effects of stress and isolation.
- B. Simple faith benefits health by leading to thoughts of hope, optimism, and positive expectation.
- C. Mind and matter interact consistent with the assumptions of distance healing.
- D. Absent prayer for others is capable of healing by paranormal means or by divine intervention.

Evidence



Which of the following is NOT one of Levin's principles?

Click the best answer. When done, click Check My Answer.

- A. Regular religious fellowship benefits health by offering support that buffers the effects of stress and isolation.
- B. Simple faith benefits health by leading to thoughts of hope, optimism, and positive expectation.
- C. Mind and matter interact consistent with the assumptions of distance healing.
- D. Absent prayer for others is capable of healing by paranormal means or by divine intervention.

That's correct! This conclusion comes from Jonas and Crawford's research in 2002, but it is consistent with Levin's earlier work.

Evidence

Summary

- The body of research on health and health outcomes related to religion and spirituality is growing in volume and in rigor.
- Most of the research is descriptive, such as Levin's over 20 years of epidemiological research on religion and health. However, an increasing amount of research is now experimental.
- Koenig, McCullough, and Larsen document that the vast majority of cross-sectional and prospective cohort studies found better health outcomes over time for those who have a religious or spiritual practice. The clinical trials using spiritual interventions demonstrated superior health outcomes compared with controls.
- The MANTRA project, a clinical trial of cardiac patients at Duke University, is demonstrating the positive impact of prayer on patient outcomes, such as fewer complications, less medication needed, and quicker return to health.

