Spirituality/Religiosity and Health

Benson, H. (1997). Timeless healing. New York, NY: Fireside. Harvard professor of medicine and Mind/Body Institute president, Herbert Benson extends understanding of the "relaxation response" and discusses such concepts as "remembered wellness", "the faith factor", and being "wired for God".

Camp, P. F. (1996). Having Faith: Experiencing coronary artery bypass grafting. Journal of Cardiovascular Nursing, 10(3), 55-64. This grounded theory study was aimed at discovering the spiritual needs for clients hospitalized for coronary artery bypass graft surgery. "Having faith" (in self, God, and hospital staff) was described as the participants" greatest spiritual need, most frequently expressed as "depending on God". The author conceptualized the participants as having a "mental journey" in a "quest for inner peace". The author notes that nursing curricula should include spiritual care.

Carroll, S. (1991). Spirituality and purpose in life in alcoholism recovery. Journal of Studies on Alcohol, 54(3), 297-301. This author found that the extent of participation in Step 11 (which includes prayer and meditation) was positively correlated with both purpose in life and length of sobriety for 100 recovering alcoholics in several AA groups in Northern California.

Eisenberg, D., Kessler, R., Foster, C., Norlock, F., Calkins, D., & Delbanco, T. (1993). Unconventional medicine in the United States. The New England Journal of Medicine, 328(4), 246-252. In this landmark study, 34% of 1539 randomly selected participants (participating in telephone interviews) reported using at least one "unconventional therapy" in the past year. Seventy two percent of these had not informed their doctor of the use. Twenty five percent of the respondents reported using prayer, making that second only to exercise as the most frequently used non-conventional therapy.

Ellison, C. G., & Levin, J. S. (1998). The religion-health connection: Evidence, theory, and future directions. Health Education & Behavior, 25(6), 700-720. Epidemiological and medical research are reviewed regarding religious factors and mental and physical health. Explanatory mechanisms are explored with emphasis on the life stress paradigm. Authors present a brief discussion on conceptualizing and measuring religious factors and propose alternative theoretical models.

Flaskerud, J. H., & Rush, C. E. (1989). AIDS and traditional health beliefs and practices of black women. Nursing Research, 38(4), 210-215. Using a focus group format followed by unstructured interviews of particularly knowledgeable participants, authors explored the traditional health beliefs and practices of 22 low income, black women in the Los Angeles area. In relating these to participants' beliefs concerning AIDS, supernatural as well as natural causes of the disease were noted and prayer was viewed as a remedy and associated with healing. Good article to contrast health care consumer and provider views of health and illness.

Gupta, R., Prakash, H., Gupta, V., & Gupta, K. (1997). Prevalence and determinants of coronary heart disease in a rural population. Journal of Clinical Epidemiology, 50(2), 203-209. In this study, a sampling of 3148 people from three randomly selected villages was examined for

evidence of CHD using clinical and electrocardiograph criteria. Risk factors as well as various social factors including prayer habits were elicited via questionnaires. Odds ratios were calculated to assess the relationship of CHD to both risk and lifestyle factors. It was found that men who engaged in regular prayer had a statistically lower prevalence of CHD.

Harris, R. C., Dew, M. A., Lee, A., Amaya, M., Buches, L., Reetz, D., & Coleman, G. (1995). The role or religion in heart-transplant recipients' long-term health and well-being. Journal of Religion and Health, 34, 17-32. In this longitudinal study, 40 adult heart transplant patients are followed via qualitative and quantitative measures for 12 months post surgery. Participants who consulted God to make important decisions and felt their beliefs greatly influenced their lives were more likely to report (self-perceived) positive health status. Other findings included significantly less difficulty with medical compliance among participants with a strong sense of religion.

Kaplan, M., Marks, G., & Mertens, S. (1997). Distress and coping among women with HIV infection: Preliminary findings from a multiethnic sample. American Journal of Orthopsychiatry, 67(1), 80-91. A multiethnic non probability sample of 53 HIV infected women from two social service agencies were interviewed and administered questionnaires to assess distress and coping methods. Praying ranked highest of 19 coping mechanisms.

Kass, J. D., Friedman, R., Leserman, J., Zuttermeister, P. C., & Benson, H. (1991). Health outcomes and a new index of spiritual experience. Journal for the Scientific Study of Religion, 30, 203-211. An Index of Core Spiritual Experiences instrument is used to (positively) correlate aspects of spirituality with increased life purpose and satisfaction and decreased frequency of medical symptoms.

King, D. G. (1990). Religion and health relationships: A review. Journal of Religion and Health, 29 (2), 101-112. A review of studies examining the relationship of religious factors to a variety of health measures.

Koenig, H., George, L., Meador, K., & Ford, S. (1994). Religious practices and alcoholism in a southern adult population. Hospital and Community Psychiatry, 45(3), 225-231. Authors of this survey found that among 2969 randomly selected North Carolina residents, those who prayed and read the Bible at least several times a week were 42% less likely to have had an alcohol disorder within the past six months than the rest of the sample.

Larson, D. B., Sherrill, K. A., Lyons, J. S., Craigie, F. C., Thielman, S. B., Greenwold, M. A., & Larson, S. A. (1992). Associations between dimensions of religious commitment and mental health reported in the *American Journal of Psychiatry* and *Archives of General Psychiatry*: 1978-1989. American Journal of Psychiatry, 149 (4). Authors examined two leading psychiatry journals for quantifiable measures of religious commitment reported in studies over a 12 year time period, categorized those measures, and noted whether their association with mental health status was positive, negative, or neutral.

Levin, J. S. (1994). Religion and Health: is there an association, is it valid, and is it causal? Social Science and Medicine, 38(11), 1475-1482. The author discusses research in the area of

religion and health; critically examines the religion – health relationship in light of research findings; and discusses issues of chance, bias, and confounding. He concludes there is sufficient evidence to say there is an association between religion and health that is probably valid. He also concludes that there is not yet sufficient evidence to say the relationship is causal. Alternative explanations for the association are explored as possibilities. Good reference list for further reading.

Levin, J. S. (1996). How religion influences morbidity and health: Reflections on natural history, salutogenesis and host resistance. Social Science Medicine, 43 (5), 849-864. An enlightening survey of the field of "epidemiology of religion" in which the author discusses empirical findings in relationship to concepts found in epidemiology. The author notes that a "lack of awareness of the natural history of disease" is responsible for numerous misinterpretations regarding the relationship of religion to health.

Levin, J. S., Lyons, J. S., & Larson, D. B. (1993). Prayer and health during pregnancy: Findings from the Galveston Low Birthweight Study. Southern Medical Journal, 86(9), 1022-1027. In a review of the data from the Galveston Low Birthweight Survey, authors' found that 48.3% of 250 black and Hispanic women prayed for their babies at least daily while pregnant.

Levin, J. S., & Vanderpool, H. Y. (1989). Is religion therapeutically significant for hypertension? Social Science in Medicine, 29, 69-78. Authors note a generally negative correlation between religious commitment and hypertension (based upon epidemiologic studies) and posit 12 possible hypotheses to explain these findings (including "superempirical influence(s)".

Levin, J. S., Wickramasekera, I. E., & Hirshberg, C. (1998). Is religiousness a correlate of absorption? Implications for psychophysiology, coping, and morbidity. Alternative Therapies, 4(6), 72-76.

Matthews, D. A., McCullough, M. E., Larson, D. B., Koenig, H. G., Swyers, J. P., & Milano, M. G. (1998). Religious commitment and health status: A review of the research and implications for family medicine. Archives of Family Medicine, 7(2), 118-124. Authors review research on the relationship between religious commitment and depression, substance abuse, physical illness, mortality, coping with illness, and recovering from illness. They also briefly discuss the likelihood of publication bias in the research and differentiate between religiosity and spirituality conceptually. Authors conclude that religious involvement may be beneficial in the prevention of physical and mental illness, in facilitating recovery from illness, and in helping people cope with illness. Excellent reference list for further reading.

McBride, J. L, Arthur, G., Brooks, R, & Pilkington, L. (1998). The relationship between a patient's spirituality and health experiences. Family Medicine, 30(2), 122-126. Authors use a measure of intrinsic spirituality (Index of Core Spiritual Experiences) to test an association between health, pain, and spirituality in 442 family practice patients. Overall health (as measured by the Dartmouth Primary Care Cooperative Information Project chart) was significantly related to intrinsic spirituality and pain was not.

McGuire, M. B. (1988). Ritual healing in suburban America. New Brunswick, NJ: Rutgers University Press. In this extensive qualitative study, researchers attended 255 group meetings and conducted 356 personal interviews in one New Jersey county to document local "alternative healing" beliefs and practices. Models for conceptualizing illness and healing are described for Christian, metaphysical, Eastern meditation, and psychic healing groups. Adherents of many different alternative-healing practices had "radically different" views of health and illness than those assumed by the dominant medical model.

Muldoon, M. H., & King, J. N. (1991). A spirituality for the long haul: Response to chronic illness. Journal of Religion and Health, 30 (2), 99-108. Authors examine the concept of spirituality including "newer" models of "whole person spirituality". Basic principles of *intrinsic worth* and *drive to grow* are derived from this spirituality model and discussed in relation to care in chronic illness.

O'Neill, D. P., & Kenny, E. K. (1998). Spirituality and chronic illness. Image: Journal of Nursing Scholarship, 30 (3), 275-280. Authors explore spirituality as a concept and identify strategies to support persons with chronic health problems. Interesting sidebar considers "spiritual listening".

Pert, C. B. (1997). Molecules of emotion. New York, NY: Scribner. A neuroscientist and researcher, Pert tells the personal and scientific story of discovery of the opiate receptor and the subsequent work of mapping out the neuro and immunopeptides that she calls the "molecules of emotion". She explores the possibility that these peptides may be the very links between body, mind, and consciousness.

Roush, W. (1997). Herbert Benson: Mind-body maverick pushes the envelope. Science, 276(4), 357-359. This author relates a brief history of Herbert Benson, a physician and researcher known for his work in mind-body medicine, "the relaxation response" and hypertension, and belief that faith can be a powerful force in healing. Both supporters and detractors of Benson's work are noted, as are Benson's plans to replicate the Byrd study.

Sloan, R. P., Bagiella, E., & Powell, T. (1999). Religion, spirituality, and medicine. Lancet, 353, 664-667. In light of a growing interest in the interface of health and spirituality in the medical community, the authors examine empirical evidence and explore ethical issues related to physician involvement in this type of "non-medical agenda".