Advance praise for *Medicine, Religion, and Health*

“Dr. Koenig’s lifelong research successfully bridges the chasm between health and well-being on the one side and religion and spirituality on the other. In so doing, we are given scientifically based guidelines that allow us to be happier and more fulfilled. I highly recommend *Medicine, Religion and Health* and thank Dr. Koenig for all of his outstanding contributions.”

—Herbert Benson, M.D., director emeritus, Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital and Mind-Body Medical Institute Associate Professor of Medicine, Harvard Medical School

“Here Harold Koenig provides, as few can, an expert review of findings at the interface between medicine and religion, clear discussion of what the evidence means, and practical recommendations for integrating scientific and spiritual care. This concise volume is valuable both as an accessible introduction to the literature for lay readers and as a thoughtful guide for professionals interested in improving their practice.”

—John R. Peteet, M.D., associate professor of psychiatry, Harvard Medical School, Brigham and Women’s Hospital, and Dana-Farber Cancer Institute

“Koenig’s book is a concise, articulate, and compelling story of the interplay between spirituality, religiousness, and health. The general public will find it fascinating and informative reading, while doctors and medical students will find it essential for their understanding of, and compassionate caring for, their patients.”

—Robert G. Brooks, M.D., M.A. (Theol.), M.B.A., associate dean for health affairs and professor of family medicine and rural health, Florida State University College of Medicine
“This is an essential book not only for physicians but for anyone involved in a health care discipline—professionals, patients, and families alike . . . The book goes beyond research by offering clear, concise, and helpful recommendations for how to address religious and spiritual issues and how to utilize the expertise of all professionals within the healthcare team in partnering with patients to provide the best and most compassionate care possible. It is a volume not only important for professionals; it is one that would serve medical, nursing, chaplaincy, and other health care professionals well in their training.”

—Sue Wintz, chaplain, St. Joseph’s Hospital and Medical Center and the Barrow Neurological Institute, Phoenix, Arizona

“I very much enjoyed reading this book and have no hesitation recommending it for any person interested in the religion/health interaction. Those experienced in the field will find it refreshing to read, those new to the field will find it a useful initial source for future in-depth study, and those unaware of the field may find it intriguing and stimulating. It also could make a nice gift for those not particularly interested in the field as it may draw their attention to important issues they were not aware of and that may have a significant impact.”

—Ronald C. Hamdy, M.D., F.R.C.P., F.A.C.P., editor-in-chief, Southern Medical Journal and professor of medicine and Cecile Cox Quillen Chair, Geriatric Medicine and Gerontology College of Medicine, East Tennessee State University
Medicine, Religion, and Health
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In our fast-paced and high-tech era, when visual information seems so dominant, the need for short and compelling books has increased. This conciseness and convenience is the goal of the Templeton Science and Religion Series. We have commissioned scientists in a range of fields to distill their experience and knowledge into a brief tour of their specialties. They are writing for a general audience, readers with interests in the sciences or the humanities, which includes religion and theology. The relationship between science and religion has been likened to four types of doorways. The first two enter a realm of “conflict” or “separation” between these two views of life and the world. The next two doorways, however, open to a world of “interaction” or “harmony” between science and religion. We have asked our authors to enter these latter doorways to judge the possibilities. They begin with their sciences and, in aiming to address religion, return with a wide variety of critical viewpoints. We hope these short books open intellectual doors of every kind to readers of all backgrounds.

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Medicine, Religion, and Health

WHERE SCIENCE & SPIRITUALITY MEET

Harold G. Koenig, M.D.

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To Martha Haley
## Contents

Introduction 3

Chapter 1 Terms of the Debate 9

Chapter 2 Medicine in the Twenty-first Century 21

Chapter 3 From Mind to Body 37

Chapter 4 Religion and Health 54

Chapter 5 Mental Health 68

Chapter 6 The Immune and Endocrine Systems 82

Chapter 7 The Cardiovascular System 96

Chapter 8 Diseases Related to Stress and Behavior 113

Chapter 9 Longevity 129

Chapter 10 Physical Disability 146

Chapter 11 Clinical Applications 156

Chapter 12 Final Thoughts 172

Appendix Further Resources 175

Notes 195

Index 227
Medicine, Religion, and Health
Introduction

Mrs. Harris died yesterday at the age of one hundred and one. She was living in a nursing home, but her family says that she was alert to the very end. In her final days, as she had throughout her life, she tried to console and encourage family members and friends—even from her sickbed. She pointed out their good qualities. She expressed what a joy it was to see him or her and what a special future was ahead for each. Her family said that she was singing a religious hymn when her voice became weaker, her breathing became slower, and then finally stopped. Mrs. Harris left behind a slight smile on her face, a smile her family had become used to whenever she was deeply content.

When Mrs. Harris had turned one hundred, she was asked the secret for her long life. She quickly responded that it was her faith, her family, and that she didn’t drink or smoke, in that order. And the order was important, she emphasized.

Many doctors have known a “Mrs. Harris,” as I often have, and while we can imagine meeting her in any state or city, in a hospital or a nursing home, she stands for a real-life benchmark of health, both physical and mental. Her kind of story, in which people tie their beliefs and their behaviors to health, is the primary topic of this book. Mrs. Harris is based on my two and a half decades of experience with patients and research subjects and I will use her “story” throughout the book to demonstrate the types of encounters that I have had. Mrs. Harris’ responses illustrate the very real
life experiences that many, many people report—experiences that are often ignored by health professionals.

The following pages cover a lot of ground, not all of which is flat and level. Our information is still incomplete on the effects of religion and spirituality on mental and physical health. The discussion of this topic is also new in modern medicine. As a result, there are many opinions on what we really know in this field, what should be done about it, and how. I will point out where there is controversy on a particular finding or application. But I will also argue for a connection between religion and health when the preponderance of the evidence, along with common sense and logical reason, supports that link. This book will, therefore, not be short on controversy, and I hope that will intrigue the reader.

I have organized the material in four steps, building one upon another. I begin by defining the terms religion and spirituality and showing how research on their relationship to health and medicine has dramatically grown and will become crucial to a possible future health-care crisis. After this, I present the case that religion and spirituality can indeed affect health in a scientifically detectable way. In other words, the psychological, social, and religious aspects of human life can be shown to affect the physical body. Finding the mechanisms or pathways by which religion affects health is central to helping scientists and clinicians understand how and why religion is related to health.

Once I have presented the case that such pathways are plausible, I will probe more deeply into six specific areas of human health possibly affected by religious involvement. These are areas where someone like Mrs. Harris was very fortunate, thanks to a good outlook on life, healthy habits, and a strong body. The six areas are mental health, immune and endocrine functions, cardiovascular function, stress and behavior-related disease, mortality, and physical disability. Once we are reasonably clear on how religion may affect health, and explore the scientific evidence supporting such claims, I will examine the application of this knowledge to treating patients in
clinical settings. An appendix will conclude this volume by listing resources for further study of religion, spirituality, and health.

Each of the chapters that follow will survey past and current research, but each will also contain a central point that I wish to argue, or at least leave open for discussion. In chapter 1, for example, I will show that opinions diverge wildly on the definitions of the terms religion and spirituality. The term spirituality is a broad one that allows people to provide their own definitions. This inclusiveness is helpful in clinical settings where doctors want to be sensitive to the wide range of beliefs of individuals. But, in research, these terms must be more precisely defined for objective study of their impact on health, and that precision is what I will advocate. Otherwise, I will often use religion and spirituality interchangeably, referring to the same side of human experience.

In chapter 2, I hypothesize that this rapidly growing area of research will become more important in the future as more strains are placed on health care, especially demographic and financial stressors. The aging populations in developed countries and the rapidly increasing costs of health care around the world are the two forces driving this increasing strain. I also foresee an increased role for faith communities to provide health care, not only in hospitals but also in terms of health education, social support, and long-term care.

The third and fourth chapters attempt to show that psychological and social factors influence the health of the physical body. Not long ago this was a controversial idea. In a 1985 editorial, for example, Marcia Angell, former editor-in-chief of the New England Journal of Medicine, stated that, “our belief in disease as a direct reflection of mental state is largely folklore.” Since that editorial was written, many studies published in some of the best science journals in the world have proven her wrong. Today, we have a rapidly growing field called psychoneuroimmunology — closely related to “psychosomatic medicine” — that looks at how mental and social experiences can impact aspects of physical health.

My basic thesis in chapters 5 through 10 is that religion has the
potential to influence both mental and physical health. In chapter 5, I look at religion and mental health covering such areas of human experience as depression, anxiety, and positive emotions. Chapter 6 examines associations between religion, the immune system, and endocrine functions, with a focus on relationships in different age groups and in different diseases such as fibromyalgia, metastatic breast cancer, and HIV/AIDS. In chapter 7, I explore religion's effects on the heart and circulatory system: cardiovascular reactivity, blood pressure, autonomic and cariovascular rhythms, and on behaviors such as diet, exercise, and cigarette smoking that affect those physiological functions. Chapter 8 examines the clinical consequences of religious involvement on rates of coronary artery disease and outcomes following cardiac surgery, as well as on common maladies such as cancer, age-related memory decline, Alzheimer's disease, and diabetes.

In chapter 9, I review several studies of large populations in the United States, Europe, and Asia that examine the relationship of religious involvement to longevity. This is a much disputed area, and I will look at the complexities of interpreting such studies but will argue that while the evidence for religion and longer life is only moderate in strength, it has a huge public health impact. Chapter 10 looks at what I think is perhaps the most important question—how long we live, but the quality of our lives and the ability to physically carry out activities that make life worth living. Long-term illnesses in later life take an emotional toll and have an impact on the ability to work, on social life, and on recreational activities. Here I will also discuss the relationship between religion and disability in young persons with acquired health problems due to premature disease, accidents, or war.

The book ends with applications of this new research. In chapter 11, I argue that the research findings have implications for health professionals, especially recognition of the many ways that religious beliefs can influence health care, patient compliance, and medical decisions. These are important reasons why health professionals
should pay attention to the spiritual needs of patients and be aware of the boundaries and limitations in this area. Here I describe how and when spirituality can be integrated into patient care and what are the likely consequences. Finally, the appendix provides summaries of (a) key original research studies on religion and health, (b) review papers of the religion–health research, (c) books on religion, spirituality, and health for researchers, clinicians, and the general public, and (d) Internet sites and academic centers of activity in religion, spirituality, and health where further resources can be located.

The primary goal of Medicine, Religion, and Health is to explore and make sense of some of the recent research on religion, spirituality, and health, and to do this in a relatively concise and readable format. Because of this focus, a more thorough discussion of theological issues has not been attempted. Bear in mind, however, that this research has raised a number of serious theological concerns that also need to be addressed. A comprehensive scientific review and theological discussion of the religion–health connection will be covered in a much larger volume, which is now in preparation. For now, however, let us explore the latest scientific evidence linking religion, spirituality, and health, and explore what that means for doctors, patients, and those who are healthy and want to stay that way.

When Mrs. Harris said that the reasons for her long life were her faith, her family, and her avoidance of alcohol and cigarettes—in that order—she was trying to communicate something about the keys to health and well-being that she had learned during her long and satisfying life. She will speak to us a few more times in the pages ahead as we delve more deeply into this topic.
Whenever I give a public talk on religion and health issues, I try to avoid one thorny topic in particular: defining the differences between the words religion and spirituality. This can easily alienate a significant proportion of the audience because each of us has our own definitions for these words, which we hold onto quite dearly. In this book, however, I have the luxury of spending some time exploring these terms in depth. Establishing definitions now for how I am using these terms will help the reader understand what the research means and will assist medical professionals in applying the findings to their clinical practices.

Without crystal-clear definitions, research on religion, spirituality, and health is not possible. For example, if a relationship is discovered between “spirituality” and longevity, what does that mean? The word longevity is widely understood as meaning years of life, and this can be calculated precisely by knowing birth and death dates. In contrast, there is no universal agreement on the more nebulous term spirituality. But if a relationship between spirituality and longevity is found, we need to know what this thing “spirituality” is in order to understand what exactly is related to a long life span.

We also need to know how spirituality differs from other psychosocial concepts, such as psychological well-being, altruism, forgiveness, humanism, social connectedness, and quality of life. Spirituality must be unique and different from everything else, a completely separate phenomenon, which can then be examined in its relationship to health. Our task in conducting research is
to quantify how spiritual the person is (determine the extent or degree that the person is spiritual) and describe in what ways he or she is spiritual. This is absolutely necessary in order to determine how spirituality is related to health.

To focus on these distinctions, this chapter compares four concepts—religion, spirituality, humanism, and positive psychology—with particular attention paid to spirituality, since this is such a commonly used term today. The meaning of the term *spirituality* has broadened in recent years to include positive psychological concepts such as meaning and purpose, connectedness, peacefulness, personal well-being, and happiness. According to researchers Christian Smith and Melinda Denton, “The very idea and language of ‘spirituality,’ originally grounded in the self-disciplining faith practices of religious believers, including ascetics and monks, then becomes detached from its moorings in historical religious traditions and is redefined in terms of subjective self-fulfillment.” This new version of spirituality has evolved to include not only aspects of life that have nothing to do with religion but often excludes religion entirely, as in the statement “I’m spiritual, not religious.” This can make spirituality indistinguishable from concepts that are secular.

There are both positive and negative consequences to broadening of the term *spiritual*. In this book, which focuses on research, I will argue that we need to reinstate a sharper definition of *spirituality* that retains its historical grounding in religion. Nevertheless, I will admit that the broadening of the term has a valuable clinical application. As we shall see, then, spirituality can be profitably used in two different ways, more narrowly in research and more broadly for patient care. Before presenting a definition for spirituality, however, I will first define religion and then review attempts by others to define spirituality as something unique and different from religion.