Psychology, Applied Spirituality and Health — Do They Relate?

By David Myers

Throughout history, humans have suffered ills and sought healing. In response, the two healing traditions of religion and medicine have joined hands in care of the sick. The same person often conducted religious and healing efforts; the priest was also the medicine man. Maimonides, for example, was a 12th century rabbi and renowned physician. Hospitals were first established in monasteries, then spread by missionaries.

As medical science matured, however, healing and religion diverged. Instead of asking God to spare their children from smallpox, people began vaccinating them. Instead of seeking a spiritual healer when burning with bacterial fever, people turned to antibiotics. This wall of separation between religion and medicine is now breaking down again. "Spirituality" has made a comeback.

Pollster George Gallup identified "the search for spiritual moorings" as a "dominant trend" in the mid-1990's. At one point, six of the 10 best-selling American books explored spiritual matters. Since 1995, Harvard Medical School has attracted some 2,000 health professionals from across North America to its conferences on "Spirituality and Healing in Medicine" each year. New books such as Religion and the Clinical Practice of Psychology (American Psychological Association, 1996) and Religion and Health (Oxford University Press, forthcoming) are appearing on the market.

Detecting a renewed convergence of religion and medicine, TIME magazine published a 1996 cover story headlined "Faith and Healing."

Is there fire within all this smoke? Do religion and spirituality actually relate to health, as polls show four in five Americans believe? Some 200 studies have sought to correlate "the faith factor" with health and healing. Among the suggestive findings are these: Jeremy Kark and his colleagues (1996) compared the death rates over a 16-year period for 3,900 Israelis who either belonged to one of 11 religiously orthodox communities or in one of 11 matched, nonreligious collective settlements (kibbutz communities). The researchers reported that "belonging to a religious collective was associated with a strong protective effect" not explained by age or economic difference. In every age group, those belonging to the religious communities were about half as less likely as their nonreligious counterparts to die. This is roughly comparable to the gender difference in mortality; in every age group, 64 British and 60 American women die for every 100 men [Chance News, 1997].

An earlier study of 91,909 people in one U.S. county found that those who attended religious services on a weekly basis were less likely to die during the study period than those who did not – 53 percent less from coronary disease, 53 percent less from suicide, and 74 percent less from cirrhosis (Comstock & Partridge, 1972). A Dartmouth Medical School team followed 232 people who had undergone open heart surgery (Oxman & others, 1995). In the ensuing six months, 12 percent of those who never or rarely attended religious services died, as did five percent of those who attended more often, and zero percent of those who said they were "deeply religious" died. Such findings demand an explanation. In part, the healthier lifestyles of religiously-active people may explain the differences; they smoke and drink less (Lwin, 1994, 1996). Health-oriented, vegetarian Seventh Day Adventists have a longer-than-usual life expectancy (Berkel & de Waard, 1983). Religiously orthodox Israelis eat somewhat less fat than their nonreligious compatriots.

But such differences are not great enough to explain the dramatically reduced mortality rate in the religious kibbutzim, the Israeli researchers argue. The religious communities also appeared to offer greater stress protection and enhance well-being. This may be the result of a coherent worldview, an amplified sense of belonging, highly stable marriages (divorce is almost nonexistent), and the rest and meditation associated with frequent prayer and Sabbath observance.

Although the religion-health correlations typically leave cause and effect ambiguous, Harold Pincus (1997), deputy medical director of the American Psychiatric Association, believes these findings "have made clear that anyone involved in providing health care services cannot ignore the important connections between spirituality, religion, and health."

David Myers is the John Dirk Werkman Professor of Psychology at Hope College, Holland, MI, USA. He has published numerous books and is the recipient of the Gordon Allport Prize for National Science Foundation-funded experiments on group influence. His most recent publication is The Pursuit of Happiness: Who Is Happy — and Why.