Spirituality and Religiosity in Health and Healthcare
Spirituality

“breath”

Organizing collective spiritual experiences into a system of beliefs and practices

Meaning / Purpose in Life
Transcendence
Connectedness
Values

Religion

“to bind together”

Mueller et al., 2001
Faith in the gods or in the saints cures one, hypnotic suggestion another, faith in a plain common doctor a third.

*Without faith a man can do nothing, with it all things are possible.*
Current Trends

- How prominent is religion/spirituality in daily lives of general population?
- How common is it to connect R/S and perceptions of health and recovery?
- What are the relationships between R/S and physical/mental health?
- Should R/S be addressed in medical care setting?
90% of Americans believe in a higher power; 58% view religion as very important in their lives (Princeton Religion Research Center Report, 1996)

Prayer was second only to medication use among hospitalized adults coping with moderate to high pain (76% vs. 82%) (McNeill et al., 1998)

94% of patients regard spiritual and physical health as equally important

79% believe faith can help people recover (McNichol, 1996)

72% “pray often” for the health of a family member; 52% pray for world peace; 27% for success in careers (Newsweek, 2003)
The Meaning of Illness

- Illness can create an existential crisis (*Why?*)
- Raises questions about meaning, values, relationships
- Illness disrupts routines, forces change (financial, geographical, interpersonal)
- Many/most rely on religious or spiritual beliefs
  - Framework to understand and respond
  - Hope through rituals
  - Integration of caring relationships, higher meaning
Potential Pathways linking Spirituality and Adaptive Coping

- Provides emotional comfort
- Finding strength in the face of ongoing pain
- Linking individuals to caring communities that provide social roles and intimacy
- Activities result in calming, relaxing response
- Encourages/facilitates better self-care
- Connecting with a higher power offers unique physical and mental benefits

Keefe et al., J of Pain, 2001
Religious/Spiritual Coping

- **Positive**
  - Thinking about how life is part of a large force
  - Working together with God as partner
  - Looking to God for strength, support, guidance

- **Negative**
  - Feeling punished for sins or lack of spirituality
  - Feeling abandoned by God
  - Avoiding/discontinuing medical care
  - Unrealistically high expectations of selves
R/S and Health Outcomes

- **All-Cause Mortality**
  - Lower religious involvement linked with 25% greater odds of death at follow-up (30% unadjusted) (McCullough et al., 2000)
  - Dose response relationship (Hummer et al 1999)
  - Evidence strongest for risk protection; 25% reduction in risk of death in healthy people (Powell et al., 2003)

- **Cardiovascular Disease**
  - RR of .83 with weekly attendance (Oman et al 2002)
  - RR of .72 for religious orthodoxy (with attendance) (Goldbouret et al 1993)
R/S and Health Outcomes

- Some evidence for:
  - Cancer Mortality
  - Illness Recovery
  - Remote Prayer

- Inadequate evidence for:
  - Deep religiosity reducing mortality
  - R/S slowing cancer progression
  - R/S as coping mechanism
● Less risk of depression; faster recovery (Braum et al., 1997; McCullough et al., 1999)

● Less anxiety / fear (Koenig et al., 2001)

● Less substance abuse (Koenig et al., 2001)

● R/S Coping- more positive affect/less depression (Pressman et al., 1990; Kennedy et al., 1996; Koenig et al., 1992; Levin et al., 1996; Woods et al., 1999; Bartlett et al., 2004)

● R/S Coping- buffer the effects of stressful life events, especially in the elderly (Krause, 1998)
Time Spent in a Long-Term Care by Frequency of Prayer, Meditation, and/or Bible Reading Activity

- First Quartile: African Americans (N=320) and Whites (N=483)

Results in RA patients

- Spirituality was associated* with:
  - More positive self-ratings of health \((r=.29)\)
  - Use of adaptive coping strategies
    - Positive thinking \((r=.22)\)
    - Drawing on strength of others \((r=.31)\)
    - Less escapism and avoidance \((r=-.37)\)

\(p's < .05\)
Discussing R/S with Patients

72% of Americans say they would welcome a conversation with their physician about faith

*Newsweek Poll, 11/10/2003*
Beyond disease management -- attending to the needs of the whole person

WHO Health & Well-being
- “A state of complete physical, mental and social well-being, not merely the absence of disease.”

U.S Joint Commission on the Accreditation of Healthcare Organizations
- Calls for routine assessment of patient spiritual needs

American Psychiatric Association
- Inquire about religious/spiritual orientation to “to properly attend to them in the course of treatment”
Patient Perspectives on Spirituality and the Patient-Physician Relationship

- Patients wanted open communication and exchange
- Providers need strong interpersonal skills and a well-developed relationship PRIOR to discussing spirituality
- Patients did not expect providers to initiate or pursue spiritually oriented discussions

Herbert et al., JGIM, 2001
Patient Perspectives on Spirituality and the Patient-Physician Relationship

- Patients wanted providers to ask about social support and coping, mention religious holidays (*opens the door*)
- Do not want providers to prescribe or dictate religious behaviors
- Some may fear that the mention of R/S suggests a poorer outcome

*Herbert et al., JGIM, 2001*
Patients’ Perceptions of Physician Barriers to Discussing Spirituality

- Too busy
- Not interested
- Prohibited from discussing
- Fear of offending patient
- Lack training
Assessing Spiritual Needs

- **Faith or beliefs.** Do you consider yourself spiritual or religious?
- **Importance or influence.** Is it important in your life? What influence does it have on how you take care of yourself? …in regaining health?
- **Community.** Are you part of a spiritual or religious community? Is this of support to you?
- **Address.** How would you like me to address these issues in your care?

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Professional Boundaries

- Half of patients want providers to pray with them (King et al., 1994)
- 64% think providers should join patient in prayer if patient asks (Time/CNN, June 12, 1996)
- Boundaries may not be as clear to patient ("God is working through my doctor")
- Inquiries about provider’s beliefs
- Consider referral to clergy
Back to those questions…

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Food for Thought

- What are some of the connections between R/S and culture or other aspects of identity?
- How might R/S traditions, practices, beliefs bring a group together or divide them?
- What about different groups?
- Do any aspects of R/S seem universal?
- How can R/S be used to promote health?
- What are risks or considerations for doing so?