European Network of Research on Religion, Spirituality and Health

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Editorial

Dear colleagues, dear friends

Prof. Harold Koenig continues our series on basic concepts in religion, spirituality and health research. His article is quite challenging and underlines the relevance of using distinct constructs of religion and spirituality. He points out the snare of tautological conclusions. I thank Harold Koenig for his contribution and again encourage your feedbacks and discussion.

Franz Fischer

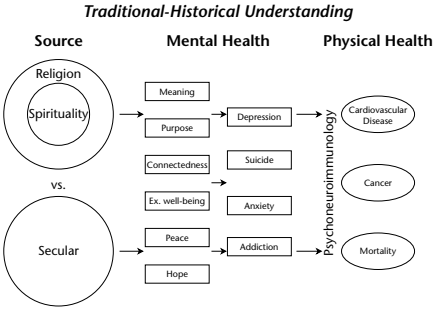
Topic

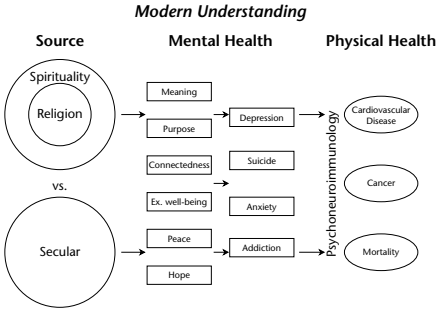
Expanding Definitions of Spirituality - Measurement Contamination

Is religion related to health? In other words, are people who believe in God and participate in religious activities such as prayer, scripture study, rituals and worship services, healthier than those who do not believe in God or engage in religious activities? Do atheists and agnostics enjoy the same or better health that those who are religious? Do non-believers experience greater life satisfaction, less mental disorder, better medical outcomes, need fewer health services, and live longer than religious persons? These questions are what got me interested in studying the relationship between religion and health. Indeed, such questions are important for the public health of society – societies whose basic values and morals often came from religious teachings, societies that have now become increasingly secular and who face massive economic challenges in terms of providing health care to rapidly aging populations. There are now literally thousands of studies that have sought to answer these questions, studies in countries around the world.

When studying the relationship between religion and health, the definitions and boundaries are pretty clear. Religion is religion. Good mental health is good mental health. Good physical health is good physical health. It is difficult to confuse these terms.

However, a new construct closely related to religion has appeared on the scene during the past 20 years. Although I say new, it is really quite old – a term that itself involves religious language and originally emerged from religion. That term is called spirituality. Just as religion has been examined in its relationship to health, this newcomer – spirituality – is being examined in its relationship to mental, physical, and social health. The definition of spirituality, however, has changed from its original meaning, a term used to characterize the deeply religious person – people like Gandhi, Mother Theresa, Gautama Sidhattha Buddha. The definition of spirituality has been expanding to include not only the deeply religious person, but also the superficially religious person, and even those who are not religious at all (see Figures). In academic settings, it is particularly popular to be "spiritual but not religious." But who are the "spiritual but not religious?" What are the characteristics of persons in this group who wish to be described using a religious word such as spiritual, and yet are not religious in any clear way?





Understandably, the word religion often brings to mind such negative things as prejudice, war, moral judgments, authoritarianism, and institutions. In contrast, spirituality rings of freedom, individualism, something that is not imposed but rather is defined by people themselves, something that is positive. Religion is seen as divisive, whereas spirituality is viewed as including everybody. This effort to be all-inclusive is an admirable one. Many believe that part of being human itself includes a spiritual domain. This is particularly true for those in health care who wish to address the spiritual needs of sick patients, and who rightly wish to exclude no one from this discussion.

Although definitions and conceptual clarity are less important in clinical settings, these issues are critical in designing and conducting research. Indeed, the goal of research is to categorize and separate individuals so that comparison becomes possible. Inclusiveness leads to overlapping constructs that cannot separate people into groups, compare them to each other, or determine whether their health outcomes are different.

In the past 10-15 years, dozens of measures of spirituality have been developed and published in the literature. They have been used to examine the effects of spirituality on mental health, physical health, and use of health services. These measures of spirituality often pride themselves in being able to include those who are not religious.

Defining and measuring spirituality in a way that includes the non-religious, how-

ever, presents a real dilemma. It has created a huge void of what to assess in these measures. That void begs to be filled. So, what have researchers filled it with? Positive psychological constructs such as having meaning and purpose in life; having a sense of harmony, peace, and well-being; experiencing a connection with others; having experiences of awe and wonder; being forgiving and grateful; and so forth. Spirituality has become a smorgasbord of positive psychological, social, and character traits, whatever one wishes to put into this category. The only condition is that it not be anything negative. The result is that spirituality has become a fuzzy concept that can include almost anything and everybody, that confuses causes with outcomes.

This concern becomes critical when such measures are used to assess the relationships between spirituality and mental or physical health. The problem is interpreting the results of such studies – studies that are now appearing regularly in the world's top psychological and medical journals. What does it mean when a measure of spirituality that includes items reflective of good mental health (i.e., having purpose and meaning in life, feeling peaceful, experiencing wonder and awe, connections with others, etc.) is correlated positively with a measure of good mental health? What does the positive finding mean? Another word for this circular type of finding is tautology – correlating something with itself. The result is that studies finding correlations between spirituality and mental health (or inverse correlations with mental disorder) produce meaningless findings that are not interpretable.

Furthermore, studies correlating spirituality with physical health likewise provide results that are difficult to interpret, since it may simply be that good mental health (and not anything distinctively spiritual) is correlated with physical health. Thus, defining and measuring spirituality in positive psychological terms produces confusing results with physical health as well.

The outcomes of spirituality may indeed be peace, harmony, existential well-being, and better relationships and connections with others. However, we cannot start out by defining spirituality using these outcomes. Indeed the atheist may experience deep peace, great well-being, be forgiving of others and actively engaged in altruistic activities – yet might be highly offended when described by a religious word such as spiritual. Furthermore, by defining spirituality by quasi-indicators of good mental health, it becomes impossible to identify under what conditions spirituality may actually have negative outcomes or result in poorer health.

To avoid such tautology, retain the ability to interpret research findings in meaningful ways, and maintain the distinctiveness of the concept, I suggest that spirituality be measured only using religious variables and not with indicators of health that confuse it with the outcome being studied. By religion, I include things related to the transcendent, the supernatural, or ultimate truth/reality: this goes far beyond simply institutional religion.

A large proportion of the population in the world is engaged in explicitly religious activities, and there is every indication that religious beliefs and activities affect health in important ways. This needs to be studied further and understood better. I realize that this suggestion will be offensive to many, if not create alarm. However, the other option is even more omnious – that mainstream health researchers will come to view research on religion, spirituality and health as not credible because the findings are tautological in nature.

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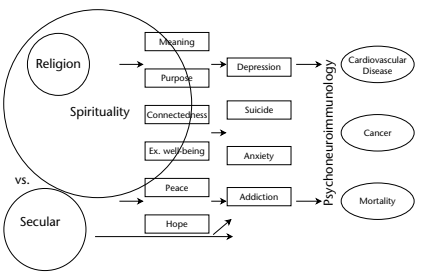
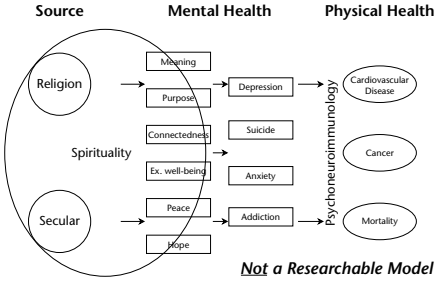
Modern Understanding - Tautological Version



Modern Understanding - Clinical Application only



Not a Researchable Model

References

References are published at www.rish.ch/pdf/Newsletter 2009-References.pdf.

Announcements

International Psychology of Religion Conference

August, 23-27, 2009
Vienna, Austria
Organisation: International Association for the Psychology of Religion, www.iapr.de
Contact: Sebastian Murken, smurken@mainz-online.de

2nd European Conference on Religion, Spirituality and Health

May, 13-15, 2010
Bern, Switzerland
The Conference aims to enhance the interdisciplinary dialogue between medicine, neuroscience and theology. Experts will give comprehensive overviews on recent topics, covering physical as well as mental health.
Contact: René Hefti, info@rish.ch

Pre-Conference Research Workshop with Prof. Koenig

May, 9-12, 2010
Preceeding the European Conference on Religion and Spirituality there will be the opportunity to participate in a 4-day research workshop with Prof. Harold Koenig.
Contact: René Hefti, info@rish.ch

Impressum

This Newsletter is published quarterly by the Research Institute of Spirituality and Health, Langenthal, Switzerland.

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