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Guest Editorial

Research on Religion and Health: The Need for a Balanced and Constructive Critique*

The HealthCare Chaplaincy's Department of Research in New York City recently received the following e-mail from The Reverend David Bush in Christchurch, New Zealand:

I am the former President of the Methodist Church of New Zealand and now a district superintendent. I am hoping you may be able to help us. Here in New Zealand we are facing a funding crisis in the provision of hospital chaplaincy services. Chaplains are appointed at most, if not all, public hospitals at present, with 70% of the funding coming from churches and 30% from government health funding. An agreement was reached with the government some years ago that they would lift their funding to 50%, but they are now backing away from this. As churches cannot maintain their levels of funding, chaplaincy is now under threat.

In seeking to make a case, for both the government and our own church courts, I am seeking information on studies that I believe have been carried out on the relationship between spirituality, prayer, and healing. Any information would be most helpful.

We were glad to tell The Reverend Bush, as we have many chaplains who have contacted us with similar concerns, that there is a solid body of empirical research demonstrating that individuals not only desire spiritual care when they are ill, but that such care can have benefits for patients.¹ Moreover, this scientific research can be used to build a strong case for the importance and value of professional chaplains in modern medical care.²

For example, a recent textbook published by Oxford University Press which reviewed more than 1,200 studies on religion and health reported

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¹Paul S. Mueller, David J. Plevak, and Teresa A. Rummins, "Religious Involvement, Spirituality, and Medicine: Implications for Clinical Practice," *Mayo Clinic Proceedings*, 2000, Vol. 76, pp. 1225-1235.

²Larry VandeCreek and Laurel Burton, "Professional Chaplaincy: Its Role and Importance in Healthcare," *The Journal of Pastoral Care*, 2001, Vol. 55, No. 1, pp. 81-97.

that at least two-thirds of the studies showed significant statistical associations between religious activity and better mental health, better physical health, or lower use of health services.³ This massive review, which included 2,000 references, offers strong evidence that religious involvement is a valued method of coping with illness.

There is one critic who strongly opposes this research and dismisses the scholarship with harsh criticism. Dr. Richard Sloan, a psychologist and associate professor at Columbia University, disagrees with the hundreds of scholars representing many of the major universities in North America, Europe, and Israel who have published peer-reviewed scientific findings about the positive effects of religion on health in a wide array of settings over the past several decades. Although he has never published original research in the field, Sloan has received extensive and almost unquestioning notice by the media regarding his opinions.^{4,5} Most of his media attention is based upon a questionable article he published in the British medical journal *The Lancet* in 1999. In the article, he declares that studies linking religion to health are hopelessly flawed and of no scientific value.⁶

Unfortunately, *The Lancet* review that Sloan calls "comprehensive" has serious factual problems, which call into question his assertions. Indeed, several noted scientists asked the editors of *The Lancet* in 1999 to allow them to respond to Sloan's criticisms of the field of religious research. They were denied the opportunity. These respected academics and widely published scientists included the former president of the American Gerontological Society and Professor at Duke University, Dr. Linda George; cardiologist and Associate Professor of Medicine at Harvard Medical School, Dr. Herbert Benson; Department Chairman of Sociology at Rutgers University, Dr. Ellen Idler; three epidemiologists at Duke University Medical Center, Dr. Harold Koenig, Dr. Judith Hayes, and the late Dr. David Larson; sociologists Dr. Marc Musick at University of Michigan; epidemiologist Dr. Stanislav Kasl at Yale University; and Dr. Terrence Collins, professor of preventative medicine at the University of Kentucky. They eventually published their analysis of Dr. Sloan's review in the *International Journal of Psychiatry in Medicine* in 1999.⁷

These scholars (representing the disciplines of medicine, nursing, psychiatry, epidemiology, public health, and various social sciences) document in detail the ways in which Sloan has misrepresented the facts by "erroneous, incorrect and misleading statements."⁸ They carefully demonstrate how Sloan was exceedingly selective in what he declared to be a "comprehensive" review. They note that only 24 of the approximately 325 studies of

³Harold G. Koenig, Michael E. McCullough, and David B. Larson, *Handbook on Religion and Health* (Oxford: Oxford University Press, 2001).

⁴Gene Emery, "Prescribing Prayer? Researchers: Doctors Premature to Recommend Prayer," Retrieved on April 22, 2002, from <http://abcnews.go.com/sections/living/DailyNews/prayer000622.html>, 2000, June 22.

⁵Norman Swan, "Psychology and Heart Disease, Prescribing Religion," Retrieved on April 22, 2002, from <http://www.abc.net.au/rn/talks/8.30/helthrp/stories/s349269.htm>, 2001, August 20.

⁶Richard P. Sloan, Emilia Bagiella, and Tia Powell, "Religion, Spirituality, and Medicine," *The Lancet*, 1999, Vol. 353, pp. 664-667.

⁷Harold G. Koenig, David B. Larson, Terence R. Collins, and Herbert Benson, "Religion, Spirituality, and Medicine: A Rebuttal to Skeptics," *International Journal of Psychiatry in Medicine*, 1999, Vol. 29, No. 2, pp. 123-131.

⁸Koenig, et al., 1999, *op. cit.*, p. 125.

religion's relationship to physical health were mentioned in the review. In addition, even though mortality studies were the central focus of Sloan's review, only 17 of the nearly 100 mortality studies were examined in detail in the article, and nine high-quality studies were not even mentioned. Eight of these nine prospective studies found a significant inverse relationship between religious measures and mortality after controlling for multiple covariates. Furthermore, the scientists observe that Sloan mentioned none of the nearly 900 studies on mental health. This is a serious omission, as these experts note, "because one of the strongest rationales for religion's effects on physical health lies in its connection with psychological and social functioning."¹⁰

Sloan recently stated that the evidence is overwhelming that depression "predicts the development of heart disease and the exacerbation of heart disease."¹¹ Therefore, excluding from consideration the 900 mental health studies linking religion to positive outcomes is a particularly peculiar omission by Sloan, since a central focus of his research is the psychological dynamics of heart patients.

In 1999, speaking to the Freedom From Religion Foundation, Sloan applauded the audience for their courage to be atheists and again emphasized that many of the positive findings of faith were just "the placebo effect."¹² Before this group he made much the same argument that the American tobacco industry made for several decades when it actively resisted addressing the public health threat of smoking. The tobacco industry held the position that no matter how many solid epidemiological studies showed a link between smoking and cancer, the public should not believe them until tissue and animal studies proved there was a link. Sloan got a laugh from those in the audience when he said that such studies on religion cannot be done because "you can't make monkeys religious."¹³ Studying the positive or negative effects of religion for him is a futile endeavor.

Interestingly, as long ago as 1965, Sir Austin Bradford Hill challenged the tobacco industry's claim that no causal link could be made between cigarette smoking and lung cancer because the association between the two was not based on experimental research, such as animal and tissue studies. In his presidential address that year to the Section of Occupational Medicine of the Royal Society of Medicine, Hill¹⁴ laid out eight criteria for assessing causality in non-experimental research, such as epidemiological studies. These included the strength and the consistency of the observed association, the specificity and temporality of the effect, and the coherence and plausibility of the relationship. Two other criteria that Hill posed were whether a biological gradient was observed and whether the relationship could be understood by way of analogous mechanisms. These eight criteria have been applied to epidemiological studies of religion and health. Hill also included experimentation as a ninth criterion for establishing causality, but true experiments are uncommon in epidemiology.

¹⁰Koenig, *et al.*, 1999, *op. cit.*, p. 125.

¹¹Swan, *op. cit.*, p. 1.

¹²Richard P. Sloan, "Religion, Spirituality & Medicine," *Freethought Today*, Retrieved May 9, 2000, from http://fff.org/ftoday/jan_feb00/sloan.html, 2000, p. 4.

¹³*Ibid.*, p. 3.

¹⁴Austin B. Hill, "The Environment and Disease: Association or Causation?" *Proceedings of the Royal Society of Medicine*, 1965, Vol. 58, pp. 295-300.

At the Freedom From Religion Foundation gathering, Sloan tipped his hand when he said that based upon his ethical standards "regardless of what the empirical evidence is, bringing religion into medicine not only makes no sense, it's simply wrong to do, even if there were solid evidence—which, of course, there isn't."¹⁴ He suggested possible covert motives or a conspiracy among those engaged in religious research, encouraging an investigation of the motives of their funding sources. He stated in the *New Republic* that "the majority of these studies focus on Christians, suggesting a Christian political agenda behind the work."¹⁵ However, he ignores the fact that 87% of Americans self-identify as Catholic, Protestant, or Orthodox Christians, a distribution that helps to explain the research imbalance.¹⁶

Sloan has been adamant in his opposition to U. S. medical schools offering even elective courses in religion and spirituality to sensitize students to the importance of faith in the lives of many Americans.¹⁷ He believes that such courses are a sign of growing "anti-intellectualism" in our society and the "general dumbing down of science."¹⁸ Over half the medical schools in the United States offer these classes. They have been created to help broaden the clinical perspective of future physicians.¹⁹ These courses aim to help students be sensitive to the cultural and religious backgrounds of their patients in much the same manner that diversity awareness training on race and gender issues has helped raise society's consciousness.

The recent movement to assist physicians in understanding spiritual care is of enormous important to professional chaplaincy; indeed, to the religious community in general. Physicians tend to be personally less involved in religion than their patients^{20,21} and are less likely to make referrals to chaplains than nurses, for example. Nurses also are more likely to have spiritual care training in their academic programs and they have higher rates of personal religious involvement than do physicians.^{22,23}

Flannelly and colleagues recently analyzed data collected over a three-year period involving referral patterns at Memorial Sloan Kettering Cancer Center in New York City. Less than 1% of the referrals from hospital staff

¹⁴Sloan, 2000, *Freethought Today*, *op. cit.*, p. 4.

¹⁵Gregg Easterbrook, "Faith Healers," *The New Republic*. Retrieved July 6, 1999, from <http://www.thenewrepublic.com/magazines/tmr/current/easterbrook071999.html>, 1999.

¹⁶George H. Gallup, Jr. and D. Michael Lindsay, *Surveying the Religious Landscape: Trends in U. S. Beliefs* (Harrisburg, PA: Morehouse Publishing, 1999).

¹⁷Richard P. Sloan, "Should Doctors Prescribe Religion?" *Fathom*. Retrieved April 5, 2001, from <http://fathom.com/story/storyprintable.ihhtml?storyid=35493>, 2000.

¹⁸*Ibid.*, p. 5.

¹⁹Christina M. Puchalski and David B. Larson, "Developing Curricula in Spirituality and Medicine," *Academic Medicine*, 1998, Vol. 73, No. 9, pp. 970-974.

²⁰Harold C. Koenig, Lucille B. Bearon, Margot Hover, and James L. Travis, "Religious Perspectives of Doctors, Nurses, Patients, and Families," *The Journal of Pastoral Care*, 1991, Vol. 45, No. 3, pp. 254-267.

²¹Edward P. Schafranske, *Religion and the Clinical Practice of Psychology* (Washington, DC: American Psychological Association, 1996).

²²Andrew J. Weaver, Laura T. Flannelly, Kevin J. Flannelly, Harold C. Koenig, and David B. Larson, "A Systematic Review of Research on Religion in Three Major Mental Health Nursing Journals: 1991-1995," *Issues in Mental Health Nursing*, 1998, Vol. 19, No. 3, pp. 263-276.

²³Andrew J. Weaver, Laura T. Flannelly, Kevin J. Flannelly, Larry VandeCreek, Harold G. Koenig, and George Handzo, "A Ten Year Review of Research on Chaplains and Community Based Clergy in Three Primary Oncology Nursing Journals: 1990-1999," *Cancer Nursing*, 2001, Vol. 25, No. 5, pp. 335-340.

were made by medical doctors, compared to 82% made by nurses.²⁴ Similar findings were reported by researchers at Duke University Medical Center.²⁵ If medical personnel, including physicians and nurses, were excluded from any conversation with patients about spiritual care as Sloan advocates, chaplains would be extremely isolated in health care settings receiving fewer referrals from medical staff.

Sloan does concede that several investigators have shown that patients favor incorporating religion into medical practices, but he warns that these studies are "from conservative communities in the South" and "are unlikely to generalize to broader clinical settings."²⁶ Multiple studies of patients and physicians have been conducted in several geographical regions and with national samples that have found substantial evidence contrary to Sloan's beliefs.^{27,28,29,30}

For example, in a study of pediatricians in Boston, 65% believed their faith played a role in healing, 76% felt comfortable praying with a patient if asked to do so, and 93% ask about spirituality/religion when discussing a life-threatening illness. Siegel and his colleagues concluded: "In an urban, inner-city, academic medical center, pediatric residents and faculty have an overall positive attitude toward the integration of spirituality and religion into the practice of pediatrics."³¹

Sloan's critiques of the research on religion and health stand in marked contrast to the work of Dr. Jeffrey S. Levin and his colleagues, who have critically examined the research in this area in a careful and comprehensive manner. Levin and his associates have examined and evaluated numerous studies on religion and health,^{32,33} including sets of studies on the relationship between religion and hypertension³⁴ and religion and morbidity.³⁵ Levin's approach to the subject matter reflects a careful weighing of the evidence from an epidemiological perspective.

²⁴Kevin J. Flannelly, Andrew J. Weaver, and George Handzo, "A Three-Year Study of Chaplains' Professional Activities at Memorial Sloan-Kettering Cancer Center in New York City," *Psycho-Oncology*, in press.

²⁵Koenig, et al., 1991, *op. cit.*

²⁶Sloan, 2000, *Freethought Today*, *op. cit.*, p. 4.

²⁷J. Michael Anderson, Linda J. Anderson, and Gerald Felsenthal, "Pastoral Needs and Support within an Inpatient Rehabilitation Unit," *Archives of Physical Medicine and Rehabilitation*, 1993, Vol. 74, pp. 574-578.

²⁸Andrew Greeley, "Spirituality & Health: A Bubble Burst by The Lancet?" *Spirituality & Health*, 1999, Vol. 2, No. 2, p. 10.

²⁹Christina M. Puchalski, "The Critical Need for Spirituality," *New Theology Review: An American Catholic Journal of Ministry*, 2001, Vol. 14, No. 4, pp. 9-21.

³⁰Benjamin Siegel, Andrew J. Tenenbaum, Amber Jamanka, Linda Barnes, Carol Hubbard, and Barry Zuckerman, "Faculty and Residents Attitudes about Spirituality and Religion in the Provision of Pediatric Health Care," *Ambulatory Pediatrics*, 2002, Vol. 2, No. 1, pp. 5-10.

³¹Siegel, et al., *op. cit.*

³²Jeffrey S. Levin, "Religion and Health: Is There an Association, Is It Vital, and Is It Causal?" *Social Science and Medicine*, 1994, Vol. 38, No. 11, pp. 1475-1482.

³³Jeffrey S. Levin and Harold Y. Vanderpool, "Is Frequent Religious Attendance Really Conducive to Better Health? Toward an Epidemiology of Religion," *Social Science and Medicine*, 1987, Vol. 24, No. 7, pp. 589-600.

³⁴Jeffrey S. Levin and Harold Y. Vanderpool, "Is Religion Therapeutically Significant for Hypertension?" *Social Science and Medicine*, 1989, Vol. 29, No. 1, pp. 69-78.

³⁵Jeffrey S. Levin, "How Religion Influences Morbidity and Health: Reflections on Natural History, Salutogenesis and Host Resistance," *Social Science and Medicine*, 1996, Vol. 43, No. 5, pp. 849-864.

By contrast, Sloan has an affinity for creating "straw men" to knock down, which divert the reader from the serious scientific question about the relation between religion and health. Dr. Levin discusses such "straw men" in a 1996 article³⁶ in which he scrutinizes six misinterpretations of the epidemiological research findings about the relationship between religion and health. Two of the misinterpretations he discusses are blanket statements such as "religious involvement promotes healing" and "prayer heals." These are the types of "straw men" that Sloan likes to attack, but they distract the reader from the major body of research that supports a positive association between religion and health. Levin's central argument is that "the data suggest that religious involvement is a protective factor in healthy populations, and thus apparently acts in a primarily preventive fashion."³⁷

Levin, in a 1994 article,³⁸ carefully examined the validity of research findings on the positive relationship between religion and health. Although Levin recognized the methodological flaws of some studies, especially the confounds that Sloan frequently complains about, he concluded that the body of research was so diverse (in terms of the populations studied and the measures used) that the likelihood that the findings were real was generally high. While Levin and Vanderpool³⁹ concluded that a positive relationship between religious attendance and general health had not been fully demonstrated because of methodological problems, the same two authors⁴⁰ concluded that research had found a positive association between religion and health, with respect to hypertension. Levin and Vanderpool⁴¹ posited several factors associated with religion that could account for this beneficial effect, including the healthful psychosocial effects of religious practice, and the beneficial psychodynamics of belief systems, religious rites, and faith. In all, they offered ten natural possibilities for the salutary effects of religion, most of which were also addressed by Levin.⁴²

In this 1994 article, Levin uses Sir Austin Bradford Hill's criteria for determining whether the body of existing research supports a causal connection between religion and health.⁴³ In Levin's view, the association is consistent because the effects have "been repeatedly observed by different persons, in different places, circumstances and times."⁴⁴ Although Levin, like Sloan, recognizes that many of the studies cited for their discussion of religion and health were not specifically designed for that purpose, moderate to strong associations have been found in several studies. Given that he and his colleagues^{45,46} have posited a number of mechanisms of action, consistent with natural phenomenon, through which religion may affect health, they believe there is sufficient support for a causal connection based on Hill's criteria of plausibility and coherence.

³⁶*Ibid.*

³⁷*Ibid.*, p. 854.

³⁸Levin, 1994, *op. cit.*

³⁹Levin and Vanderpool, 1987, *op. cit.*

⁴⁰Levin and Vanderpool, 1989, *op. cit.*

⁴¹Levin and Vanderpool, 1989, *op. cit.*

⁴²Levin, 1994, *op. cit.*

⁴³Levin, 1994, *op. cit.*

⁴⁴Hill, *op. cit.*, p. 296.

⁴⁵Levin, 1994, *op. cit.*

⁴⁶Levin and Vanderpool, 1989, *op. cit.*

Any field of study, including the investigation of links between religion and health, should welcome a carefully balanced and constructive critique, such as that offered by Levin. Such a fair-minded critique can give better direction to the research and keep it disciplined; however, Sloan is not such a critic. He continues to repeat unfounded and inaccurate claims, even after several recognized experts have pointed out his assertions are "erroneous, incorrect and misleading."¹⁷ This is not the work of a careful scholar. ♣

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¹⁷Koenig, *et al.*, 1999, *op. cit.*, p. 125.