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## December 2003 Article of the Month

This month's article selection is by Chaplain John Ehman,  
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Larson, David B. and Larson, Susan S. "**Spirituality's potential relevance to physical and emotional health: a brief review of the quantitative research.**" *Journal of Psychology and Theology* 31, no. 1 (Spring 2003): 37-51.

**COMMENT AND SUMMARY:** This article has been chosen for three reasons: First, it is fine summary of much recent quantitative research on the relationship between spirituality and health, giving a broad picture of the state of the science which is useful not only to introduce the material to those who are unfamiliar with it but also to identify areas and questions to be pursued by those who are actively involved in research. Second, it is a rare article of its kind written with a religious audience in mind, though it would be appropriate for any general audience (and is more readable for the non-researcher than the overview articles featured in the May 2003 Article-of-the-Month page). The [Journal of Psychology and Theology](#) is, after all, "an evangelical forum for the integration of theology and psychology"--to quote from its cover. Third, it is an opportunity in this Article-of-the-Month series to highlight the work of the late David B. Larson, co-author here with his wife, Susan S. Larson.

David Larson, M.D., died in March 2002 at the age of 54, and the current article is one of a number that has been published after his death--so great was the volume of projects on which he was working. He was a psychiatrist and epidemiologist who was a pioneer of the present-day study of spirituality and health and a catalyst for the surge of publications in this field in the medical literature in the last decade. His systematic reviews of studies of spirituality and health highlighted the importance of the subject for clinicians and challenged researchers to bring good quantitative, empirical methodology to bear. He was the founder and president of the National Institute for Healthcare Research, which became the International Center for the Integration of Health and Spirituality. At the time of his death, he had over 270 professional publications to his name, and a selection from the last few years is presented below in the Other Items of Interest section. Larson's name is synonymous with solid research that is well presented with insight and balance, and the article at hand is a good example.

Larson and Larson offer a succinct account of a number of peer-reviewed published studies, providing an overview of quantitative findings regarding the relationship between spirituality and health. The article is organized according to eight topical headings: 1) MORTALITY [with subheadings of Spiritual/Religious Practices and Longevity, Mortality and Religious Coping Among the Acutely Ill, Spiritual Distress and Negative Links with Mortality Among the Physically Ill, and Refusal of Medical Treatment and Earlier Death], 2) COPING WITH EMOTIONAL ILLNESS: SPIRITUAL NEEDS OF MENTAL HEALTH PATIENTS [including a section on the importance of spiritual/religious issues for psychiatric residency training], 3) SUICIDE, 4) DEPRESSION [with subheadings of Spiritual/Religious Links with Prevention, Coping, and

Recovery from Depression; Spirituality and Treatment Outcomes from Depression; and Prevention and Recovery from Depression Among the Seriously Medically Ill], 5) SUBSTANCE ABUSE [with subheadings of Prevention and Treatment of Alcohol Abuse, Prevention and Treatment of Drug Abuse, and Tobacco Use], 6) COPING WITH CHRONIC OR SERIOUS MEDICAL ILLNESS AND SURGERY, 7) HEALTH BEHAVIORS [with subheadings of Adolescent Health Behavior and Adult Health Behavior], and 8) POTENTIAL HARMFUL ASPECTS OF SPIRITUAL/RELIGIOUS ISSUES.

A brief summary of the material is best offered in the authors' own words:

A growing amount of quantitative research points to the potential relevance of patient spirituality/religion to physical and mental health. Longitudinal mortality studies of community samples have found a protective link between frequent religious participation and increased chances for living longer. Among patient populations a large proportion draw on spiritual/religious resources to cope, whether facing medical illness or mental health problems. Research has identified that at times these coping methods provide strength to persevere and a greater sense of well-being. Spiritual/religious coping may enhance pain management, improve surgical outcomes, protect against depression, and reduce risk of substance abuse and suicide. However, spiritual distress can lead to poorer health outcomes and even put patients at higher risk for earlier mortality. Whether linked with help or harm, a patient's spiritual/religious commitment is potentially relevant to physical and mental health. [pp. 48-49]

Of special interest to chaplains will be a section near the end concerning Opportunities for Collaboration, in which the authors exhort clinicians to make referrals, based upon the findings of the clinical relevance of patients' spirituality/religiosity.

Referrals to chaplains can be critical to good health care for many patients and can be as appropriate as referrals to other specialists. In the past, many clinicians have not routinely inquired about spirituality and did not appreciate its frequent patient relevance, so such referrals often were not made.... Both patient need and professional boundaries provide the impetus for this collaboration between physical and mental health clinicians and trained spiritual counselors or chaplains. [p. 48]

Chaplains should also note the excellent bibliography on pp. 49-51.

### **Suggestions for the Use of the Article for Discussion in CPE:**

There is perhaps no better article than this one to introduce CPE students specifically to the findings of *quantitative* research into spirituality and health. Its fifteen pages (three of which are devoted to references) read easily and cover well a great deal of material. One strategy for discussion might be to have each member of a CPE group select from the paper's eight topical headings (being sure not to leave out the heading of Potential Harmful Aspects of Spiritual/Religious Issues, if there are less than eight participants). Each person could comment on findings, but then for every heading a general question could be posed in passing: Does it seem valuable that this topic has been studied quantitatively? A running list of thoughts and questions about methodology could be kept on a board as an aside, without substantially interrupting the main focus on findings. In this way, the article could serve as an entree into a subsequent discussion of quantitative methodology. As chaplains tend to be somewhat more familiar with--and attracted to--qualitative rather than quantitative research, discussion of quantitative methodology might be less abstract and more engaging if it followed from students' practical interests in study results; and the present article offers an array of findings to stimulate questions about the *hows*, the *whys*, and the *weight* of quantitative research. Each student may also wish to select one study of special interest and read that study itself in order to see how its author(s) pursued the investigation.

## Other Items of Interest:

The following bibliography is only a small and recent sample of the work of David B. Larson.

Flannelly, K. J., Liu, C., Oppenheimer, J. E., Weaver, A. J. and Larson, D. B. "**An evaluation of the quantity and quality of empirical research in three pastoral care and counseling journals, 1990-1999: Has anything changed?**" *Journal of Pastoral Care & Counseling* 57, no. 2 (Summer 2003): 167-178. [The authors examine a sample of 165 research studies from *Pastoral Psychology*, *The Journal of Religion and Health*, and *The Journal of Pastoral Care*, published 1990-1999, and compare their assessment with that of a similar sample from an earlier study of articles from 1980-1989. Findings suggest a trend of improvement in the quality of empirical research, though there remains a need for greater sophistication regarding statistical sampling, statistical analysis, and research design; and recommendations are made to that end.]

George, L. K., Ellison, C. G. and Larson, D. B. "**Explaining the relationships between religious involvement and health.**" *Psychological Inquiry* 13, no. 3 (July 2002): 190-200. ["In this article, the authors review the social and psychological factors that have been hypothesized to explain the health-promoting effects of religious involvement. The four potential psychosocial mechanisms that have received empirical attention are health practices, social support, psychosocial resources such as self-esteem and self-efficacy, and belief structures such as sense of coherence" (--from the abstract).]

Hill, P. C., Pargament, K. I., Hood, R. W. Jr., McCullough, M. E., Swyers, J. P., Larson, D. B. and Zinnbauer, B. J. "**Conceptualizing religion and spirituality: points of commonality, points of departure.**" *Journal for the Theory of Social Behaviour* 30, no. 1 (March 2000): 51-77. [This is in many ways a predecessor to the article by Hill and Pargament which was featured as one of four in the May 2003 Article-of-the-Month page.]

Ironson, G., Solomon, G. F., Balbin, E. G., O'Cleirigh, C., George, A., Kumar, M., Larson, D. and Woods, T. E. "**The Ironson-Woods Spirituality/Religiousness Index is associated with long survival, health behaviors, less distress, and low cortisol in people with HIV/AIDS.**" *Annals of Behavioral Medicine* 24, no. 1 (Winter 2002): 34-48. [The article was featured in the February 2003 Article-of-the-Month page.]

Johnson, B. R., Jang, S. J., Larson, D. B. and Li, S. D. "**Does adolescent religious commitment matter? A reexamination of the effects of religiosity on delinquency.**" *Journal of Research in Crime and Delinquency* 38, no. 1 (February 2001): 22-44. [This study of 1,725 individuals 11-17 years old indicates that "the effects of religiosity on delinquency are neither spurious nor completely indirect through the secular variables of social control and socialization" (--from the abstract). The article may be especially valuable for pastoral care departments involved in community research.]

Josephson, A. M., Larson, D. B. and Juthani, N. "**What is happening in psychiatry regarding spirituality?**" *Psychiatric Annals* 30, no. 8 (August 2000): 533-541. [The authors discuss the background and current state (as of 2000) of spirituality/religion in psychiatry and review pertinent research.]

Kendler, K. S., Liu, X. Q., Gardner, C. O., McCullough, M. E., Larson, D. and Prescott, C. A. "**Dimensions of religiosity and their relationship to lifetime psychiatric and substance use disorders.**" *American Journal of Psychiatry* 160, no. 3 (March 2003): 496-503. [This recent survey of 2,616 male and female twins indicates that religiosity is "a complex, multidimensional construct with substantial associations with lifetime psychopathology," with "some dimensions of religiosity...related to reduced risk specifically for internalizing disorders, and others to reduced risk specifically for externalizing disorders, while still others are less specific in their associations" (--from the abstract).]

Koenig, H. G. and Larson, D. B. "**Religion and mental health: evidence for an association.**" *International Review of Psychiatry* 13, no. 2 (May 2001): 67-78. [The authors review research related to religious

involvement and mental health. They offer a picture of the historical background of the role of religion in mental health practice and suggest implications for psychiatry in the future.]

Koenig, H. G., Larson, D. B. and Larson, S. S. "**Religion and coping with serious medical illness.**" *Annals of Pharmacotherapy* 35, no. 3 (March 2001): 352-359. [This is a relatively brief overview of a number of studies suggesting that religious involvement plays an important role in coping with illness, and may even help individuals experience psychological growth through their times of illness.]

Koenig, H. G., McCullough, M. E. and Larson, D. B., eds. *Handbook of Religion and Health*. New York: Oxford University Press, 2001. [This massive resource (712 pp.) offers a comprehensive treatment of 20th century research into the relation between spirituality/religion and health. It is a principal reference for any student of the subject and deserves a prominent place in every pastoral care library.]

Larson, D. B., Larson, S. S. and Koenig, H. G. "**Mortality and religion/spirituality: a brief review of the research.**" *Annals of Pharmacotherapy* 36, no. 6 (June 2002): 1090-1098. [This critical review of community-based and patient-based research over the past three decades indicates the significance of religious involvement to mortality.]

McCullough, M. E., Hoyt, W. T., Larson, D. B., Koenig, H. G. and Thoresen, C. "**Religious involvement and mortality: a meta-analytic review.**" *Health Psychology* 19, no. 3 (May 2000): 211-222. [This is a meta-analysis of data from studies pertaining to religious involvement and mortality and is a good companion article to that of Larson, Larson, and Koenig noted above.]

Van Ness, P. H. and Larson, D. B. "**Religion, senescence, and mental health: the end of life is not the end of hope.**" *American Journal of Geriatric Psychiatry* 10, no. 4 (July-August 2002): 386-397. [This review of epidemiological and survey research regarding religion and health issues at the end of life looks at well-being, religious coping, cognitive dysfunction, anxiety, depression, suicide, and "the extent to which hope is a mediator of the purported salutary effects of religiousness," suggesting that "religion's effects on mental health are generally protective in direction but modest in strength" (--from the abstract).]

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If you have suggestions about the form and/or content of the site, e-mail Chaplain John Ehman (Network Convener) at [john.ehman@uphs.upenn.edu](mailto:john.ehman@uphs.upenn.edu) .  
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