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September 2005 Article of the Month

This month's article selection is by Chaplain John Ehman,
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Popkess-Vawter, S., Yoder, E. and Gajewski, B. "**The role of spirituality in holistic weight management.**" *Clinical Nursing Research* 14, no. 2 (May 2005): 158-174.

SUMMARY: The authors describe at the outset the "obesity epidemic" which is the context for their study: "More than 64% of the adults in the U.S. are overweight, with 15% to 25% obesity prevalence in 50 states compared to only 4 states in 1991." They assert, "Failure to help people sustain healthy weights may be partly due to health care professionals' not addressing the psychological, sociocultural, and spiritual influences of weight gain" [p. 159]. This is a descriptive, feasibility study of 34 adults (out of a convenience sample of 104) who had received health care from the principal investigator. Sue Popkess-Vawter (a practicing clinical nurse specialist as well as a professor at the School of Nursing, University of Kansas Medical Center), had generally observed in her practice:

Patients demonstrated that long-term weight management failures might be linked to spiritual distress, poor self-esteem grounded in past negative beliefs about self, and less than favorable quality of life. Patients' stories indicated lack of healthy attention to themselves and prevalence of underlying beliefs about not being worthy of spending the time, effort, and money necessary to be successful in long-term weight management. [p. 162]

In light of these personal observations, the intention of the study was...

...to explore weight management patients' views of spirituality and whether they saw a link between spirituality and weight management. Measures of spiritual assessment [Spirituality Assessment Scale, (1992, unpublished)], spiritual well-being [Paloutzian & Ellison's Spirituality Well-Being Scale (1982)], self esteem [the Rosenberg Self-Esteem Scale (1965)], and quality of life [Quality of Life Short Form 12 (1996)] were administered to explore the relationships among the concepts. [p. 163]

Patients were mailed questionnaire packets which contained both the quantitative measures and demographic questionnaires including open-ended questions about spirituality. Definitions of spirituality were offered by 32 of the 34 respondents, with the most common themes being "a belief in, a connection with, or giving control to a Higher Power or God," but other prominent themes were "a sense of peace, prayer, purpose, or meaning in life and spiritual nurturing of self" [p. 169]. Regarding a relationship between spirituality and weight management, 3 respondents did not see a connection and 4 were not sure, but most described...

...a positive connection in which a Higher Power was a source of help for them to improve their health. Spirituality was perceived as an inner source of strength, power, peace, and comfort needed

to live life in a healthy way. Some reported that spirituality increased their self-awareness and positive view of self for success. A few mentioned that overeating was gluttony, which was considered "bad" from a religious context. [p. 169]

Quantitative analysis of the formal measures indicated that "spiritual well-being was significantly related to self-esteem" [p. 170]. After linear regression analysis, "approximately 47%...of the variance for self-esteem was accounted for by its linear relationship with spiritual well-being," and scores on the Existential Spirituality subscale of Paloutzian & Ellison's Spirituality Well-Being Scale "accounted for 68% of the variance for self-esteem" [p. 170]. The same subscale also "accounted for 35% of the variance for quality of life" [p. 170], though the *total* scores on the Spirituality Assessment Scale and Spirituality Well-Being Scale to quality of life did not show a significant relationship to the quality of life scores.

The authors note that their theoretical perspective is rooted in Aaron T. Beck's cognitive theory, particularly that "when people assess underlying personal beliefs and cognitions that lead to negative emotions and actions, they can learn to reevaluate and challenge basic assumptions about their self worth" [p. 163]. With this in mind, Popkess-Vawter and her colleagues believe that their findings may support the "cognitive restructuring strategies" of *spiritual nurturance* and *spiritual coping* as clinical interventions.

Spiritual nurturance--practicing daily interconnections with self, others, nature, and a Higher Power--is aimed at expanding inner reserves to "buildup resistance" to negative cognitions. Spiritual coping is cognitive restructuring aimed at tapping into inner reserves as a source of guidance and strength when confronted with negative situations and thoughts. [p. 163]

They state in the discussion of their findings:

Spiritual intervention strategies are needed to support spiritual nurturance and spiritual coping and to dispel any biases that self-care for the mind, body, and spirit is selfish and self-serving. ...Negative emotions (anger, resentment, feelings of abandonment, loneliness, fear) originating from negative beliefs and negative cognitions can potentially be corrected using spiritual cognitive restructuring strategies, which can bolster cognitive cognitions of self-esteem and quality of life. [p. 171]

However, the authors do caution against the practical application of such cognitive restructuring strategies with weight management patients until further research is conducted. In the meantime, they suggest to nurses that they "can follow Nightingale's general directive...to use spirituality as a potent source of healing. Asking about, listening to, and supporting patients' spiritual beliefs generally can promote wellness" [p. 172].

BRIEF COMMENT: This article presents a constructive association between spirituality and healthy weight management, in terms of the reports of participants as well as the authors' theoretical take on the potential place of spirituality in cognitive restructuring strategies. As such, this research may be an affirmative invitation for chaplains to become more involved in clinical programs and studies regarding weight management, ranging from diet modification to (increasingly popular) bariatric surgery. Research on the relationship of spirituality/religion to weight management remains scarce and could benefit from the practical perspective of chaplains on the range of ways that religion may play out in the lives of people with weight management issues. For example, a patient may find in religious teachings strong motivation to care for her body as the "temple of the soul" or as the vehicle for work in the world. Certainly, some formal religious dietary regulations may promote healthy eating. This would be in line with the sense of this month's article. However, a patient may also struggle with religiously-based guilt about his excessive weight, may come to identify himself as a "glutton," and may resort to unhealthy behaviors to purge himself of his sinfulness. (As a chaplain myself, I have encountered this in a number of patients.) A patient may also have conflicted feelings about the role of food in her religious social life, such as the place of "church suppers" and eating as part of a "fellowship hour" after worship when food becomes rather ironically mixed with the very settings to which the patient looks for social support. The relationship between spirituality/religion and weight management seems complex but also quite investigable, since some outcomes could be easily measured and since patients' self-reports about their motivation and experience may be especially valuable. The subject appears also be well suited for

interventional studies, and that is said to be the immediate plan for the principal investigator in this case [see p. 172]. Future studies, however, will likely benefit from more recently developed measures of spirituality and from a variety of population samples representing different religious traditions.

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

This month's study is a good example of a research approach that combines qualitative and quantitative methodologies, and students may see how each yields insights that might go undiscovered if only one of the methodologies had been employed. Students new to research could be challenged to think about each methodology's potential for insights and for blind spots. Also, students may wish to discuss the authors' ideas about interventions, especially "spiritual nurturance" and its possible relationship to pastoral interventions. Of course, the article could easily open a general discussion of the role of spirituality/religion in weight management and the place of food and eating in religious traditions. [Note: (added 2/12/07): see also the [February 2007 Article-of-the-Month](#) for material on spirituality and eating disorders.]

Other Items of Interest:

I. For a brief review of older studies on the relationship between religion and weight management, see the section on Weight Control (pp. 364-366) in Koenig, H. G., McCullough, M. E. and Larson, D. B., eds., *Handbook of Religion and Health*. (New York: Oxford University Press, 2001).

II. In April 2003, Dr. Kenneth F. Ferraro, PhD, Professor of [Sociology](#) and Director of the [Center on Aging and the Life Course](#) at [Purdue University](#), spoke on "**Research in Spirituality and Obesity**" at a conference on *Integrating Research on Spirituality and Health and Well-Being into Service Delivery* that was held at the National Institutes of Health in Bethesda, Maryland. A transcript of that presentation was subsequently posted on the website the principal sponsor of the conference, the International Center for the Integration of Health and Spirituality. The ICIHS has since dissolved, but Dr. Ferraro has granted permission to the Research Network to post the original transcript, which is available by clicking [HERE](#). He is also the author of "Firm Believers? Religion, Body Weight, and Well-Being," *Review of Religious Research* 39 (1998): 224-244. **NOTE [added 2/11/07]: See also: Cline, K. M. C. and Ferraro, K. F., "Does Religion Increase the Prevalence and Incidence of Obesity in Adulthood?" noted in item VI, below.**

III. Two recent studies may be of special interest. They predate this month's featured article but are *not* noted in it.

Kim, K. H., Sobal, J. and Wethington, E. "**Religion and body weight.**" *International Journal of Obesity* 27, no. 4 (April 2003): 469-477. [This study found that "Conservative Protestant men had a higher body mass index...than those reporting no religious affiliation. ...No significant relationships between religion and body weight were present in women" (from the abstract, p. 469). This article is noted in Ferraro's presentation (--see item II., immediately above).]

Reicks, M., Mills, J. and Henry, H. "**Qualitative study of spirituality in a weight loss program: contribution to self-efficacy and locus of control.**" *Journal of Nutrition Education and Behavior* 36, no. 1 (January-February 2004): 13-19. [This focus-group study of women who participated in a spiritually based weight loss program found that for some of the women spiritual elements of the program were very important in enhancing confidence and facilitating their program adherence.]

IV. Myers, R. M., Ostlie-Olson, M. and Cook, C. L. "**Spiritual and emotional needs of bariatric patients.**" *Critical Care Nurse* 24, no. 5 (October 2004): 14 and 16. [This is a Letter to the Editor from Chaplain Russell

Myers, et al., offering practical advice on the subject in light of experience at a hospital in St. Paul, MN.]

V. For more on Paloutzian & Ellison's Spirituality Well-Being Scale, used in this month's featured study, see the [March 2004 Article-of-the-Month page.](#)]

VI. Other recent articles:

[ADDED 2/11/07]: Cline, K. M. C. and Farraro, K. F. [Purdue University, Stone Hall, West Lafayette, IN]. "**Does Religion Increase the Prevalence and Incidence of Obesity in Adulthood?**" *Journal for the Scientific Study of Religion* 45, no. 2 (June 2006): 269-281.

[(Abstract:) Previous research reveals that religion in America is related to variations in body weight. This article examines the relationships between religion and both body mass index (BMI) and obesity, which have increased in prevalence in the United States over the past two decades. Using longitudinal data from a national sample of adults, this study prospectively examines whether dimensions of religious life are associated with weight gain and the development of obesity during eight years of follow-up. We examine four dimensions of religiosity (attendance, salience, media practice, and consolation) and religious affiliation. Ordinary least squares regression analyses reveal that high levels of religious media practice are associated with higher BMI in women. Logistic regression analyses reveal that high levels of religious media practice and affiliation with a Baptist denomination increased the risk of obesity for women, but that a high level of religious consolation reduced the risk of obesity incidence for men. Attendance at religious services was associated with a lower risk of the incidence of obesity for women, suggesting the importance of studying links between dimensions of religious life and body weight.]

[ADDED 2/23/07]: Kim, K. H. "**Religion, body satisfaction and dieting.**" *Appetite* 46, no. 3 (May 2006): 285-296. [(Abstract:) Western societal pressures of thinness have assigned worth to the ideal body, contributing to body dissatisfaction and increased dieting. A social factor that may serve as an alternative avenue of worth than the body is religion. Survey data from a community sample (n=546) was collected to examine religion's relationships with body satisfaction and dieting. Religion was significantly related to greater body satisfaction and less dieting, and specifically negative aspects of religion were related to lower body satisfaction and greater dieting. Those utilizing more negative religious coping had lower body satisfaction (women: $r=-0.47$; men: $r=-0.58$). Self-esteem was a mediator in these relationships. In women, those reporting higher negative congregational social support were more likely to diet than those reporting lower levels (CI: 2.0; 1.2, 3.5). Overall, religion was related to body satisfaction and dieting, with specifically negative aspects of religion having more consistent and stronger relationships than other components of religion.]

[ADDED 2/11/07]: Kim, K. H. [Cornell University, Division of Nutritional Sciences, 351A Martha Van Hall, Ithaca NY 14853; khk@uams.edu]. "**Religion, weight perception, and weight control behavior.**" *Eating Behaviors* 8, no. 1 (January 2007): 121-131. [(Abstract:) Religion's relationships with weight perception and weight control behavior were examined using data (3032 adults aged 25-74) from the National Survey of Midlife Development in the United States. Religion was conceptualized as denomination, religious attendance/practice, religious social support, religious commitment, religious application, and religious identity. Weight perception was conceptualized as underestimating body weight, overestimating body weight, and accurately assessing body weight. Respondents also reported whether they had engaged in any intentional weight loss (yes/no) in the last 12 months. Logistic regression was used, with significant results being set at a p-values of $<.01$ and $<.05$. Accurately assessing body weight was the reference category for all weight perception analyses. Women with greater religious commitment and men with greater religious application had greater odds of underestimating their body weight. This relationship remained significant, controlling for age, race/ethnicity, education, and income. Jewish women had greater odds of overestimating their body weight. There were no relationships between religion and weight control behavior. Relationships between religion, weight perception, and weight control behavior illustrate religion's multidimensionality.]

**If you have suggestions about the form and/or content of the site, e-mail Chaplain John Ehman (Network Convener) at
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