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The influence of religiosity on health

Influência da religiosidade na saúde

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Abstract ***The relationship between religion and health has been a subject of interest in the past and in the latest years becoming increasingly visible in the social, behavioral, and health sciences. Among several approaches to be considered, the present work provides a briefly discuss concerning the bond between health and religiosity in the cure process and diseases treatment. Several investigations show that religious participation is related with better outcomes for persons who are recovering from physical and mental illness, also the psychology science have committed special issues to positive correlations between religious belief and practice, mental and physical health and longevity. On the other hand, religion may also be associated with negative outcomes and the inappropriate use of health services as fanaticism, asceticism, mortifications and oppressive traditionalism. The potential for both positive and negative effects of spirituality on health, combined with the high levels of engagement with spirituality suggests that this area is ripe for future sustained research. Independent of the possible mechanisms, if individuals receive health profits by the religion; those should be motivated, respecting the individual faith of each one.***

Key words ***Relationship, Religious belief, Health, Spirituality***

Resumo ***Historicamente, as relações entre religião e saúde foram assuntos de interesse no passado e,atualmente, tornaram-se crescentemente visíveis nas reuniões sociais, de comportamento e ciências da saúde. Dentre as várias questões a serem consideradas, o presente trabalho apresenta uma breve discussão sobre as relações entre a saúde e a religiosidade no processo de cura e tratamento de doenças. Várias investigações mostram que a participação religiosa está relacionada a efeitos benéficos para pessoas que estão em recuperação de doenças físicas e mentais, inclusive a psicologia aborda questões especiais sobre as correlações positivas entre convicção e prática religiosa, saúde mental, física e longevidade. Por outro lado, a religião também pode ser associada a resultados negativos e usos impróprios de serviços de saúde, como fanatismo, asceticismo, mortificações e tradicionalismo opressivo. O potencial para efeitos positivos e negativos de espiritualismo em saúde, combinado com os altos níveis de compromisso com a espiritualidade, evidencia a necessidade de pesquisas futuras. Independente dos possíveis mecanismos, se os indivíduos lucram em termos de saúde por conta da religião, esses deveriam ser motivados, respeitando as convicções individuais de cada um.***

Palavras-chave ***Relações, Crenças religiosas, Saúde, Espiritualidade***

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Introduction

The relationship between religion and health has been of longstanding interest in the health, social, and behavioral sciences, spanning a period of >100 years[1-4]. Research examining the relationships between religion and the health of individuals and populations has become increasingly visible in the social, behavioral, and health sciences[5]. Systematic programs of research investigate religious phenomena within the context of coherent theoretical and conceptual frameworks that describe the causes and consequences of religious involvement for health outcomes[5]. Despite sustained attention to these concerns, health research (i.e. epidemiological and medical research) is generally unfamiliar with extant developments in the conceptualization and measurement of religion involvement[6].

There are many reasons why studies Religion and Health Relationships and their implications should be carried out and recorded. Among several approaches to be considered, this paper briefly discusses those concerning the bond between the health and the religiosity in the cure process and diseases treatment.

Religions and health in history

Historically, traditional cultures recognized the importance of belief and expectancy within the healing encounter and created complex rituals and ceremonies designed to elicit or foster the expectancy and participation of healer and patient, as well as the community as a whole. Spiritual healing techniques have been a fundamental component of the healing rituals of virtually all societies since the advent of man[7]. Early Egyptian and Greek civilizations depicted the ancient healing practice of the laying on of hands in their hieroglyphics, pictographs and cuneiform writings[8]. Biblical reference to healing performed by Jesus, Peter, John and others helped make spiritual healing a commonly accepted practice of early Christianity[9]. Whether used for curing illness or preventing disease, the primary purpose of most forms of spiritual healing was to maintain the physical, psychological and spiritual well-being of the individual and the community.

Traditionally, spiritual healing practitioners believed that illness manifested on the physical level due to an imbalance in the psychological or spiritual aspects of the individual. The role of the healer was to correct this imbalance by utilizing culturally accepted and proven methods of healing[10,11]. Within this framework, the diagnosis of illness and the development of a treatment regimen were undertaken from a holistic perspective which cultivated the patient's belief and expectancy of healing[12-14].

With the advent of modern medicine, however, the significance of cultivating belief and expectancy within the healing encounter was abandoned in reliance upon a reductionist, mechanistic and non-ritualistic approach to healing[15]. This approach ignored the psychological and spiritual aspects of health and focused on biological abnormalities and specific microorganisms as the primary cause of disease[7]. Recently, however, research within the field of mind/body medicine has re-examined the relationship between the individual's psychological and spiritual perspective and their physical health[16,17].

Religion and health researches

Despite recognized methodological and analytical issues[5], overall the findings indicate a consistent and salutary influence of religious factors on individual and population health[3,18]. In the past several years, systematic research on religious involvement and physical and mental health has begun to explore the functional mechanisms linking these constructs[19-24].

In recent years, several books have been published[21,25-31] and major journals in public health and medicine have featured empirical research, literature reviews, and special issues on these and related topics[3,19-21,27,28,32-36].There are a number of excellent reviews of studies of religious and spiritual healing and the nature, functional properties, and efficacy of various healing modalities[37].

Studies involving Christian denominations and sects currently dominate research into the effects of religion on health[38-40]. Evidence from epidemiological and clinical studies and medical research supports the impact of religious affiliation and involvement on a diverse array of mental and physical health indicators and disease states. This literature encompasses studies of cancer, hypertension, stroke, other cardiovascular conditions, gastrointestinal diseases, overall and cause-specific mortality, indicators of physical disability, self ratings of health status, and reports of symptomatology[41-52], encompassing numerous disease entities or types of rates[23].

Several investigations indicate that religious involvement is associated with better outcomes

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for persons who are recovering from physical and mental illness[53-55]. One recent study of immune system function in a sample of older adults[56] found a weak association between religious-service attendance and immune system status, independent of effects of depression and negative life events. Overall, better physical health status, as measured by a variety of indicators, is moderately associated with higher levels of religious involvement, even when defined by numerous indicators and examined within diverse groups (i.e. as defined by clinical disorder, gender, age cohort, denomination, race/ethnicity, and social class) within the population[6,20,23].

Evidence concerning the impact of religion on indicators of mental health[22] indicates strong positive associations between religious involvement and mental health outcomes. Studies (primarily epidemiologic) indicate that religious factors have a salutary influence on a diverse set of outcomes, including depression, drug and alcohol use, delinquent behavior, suicide, psychological distress, and certain functional psychiatric diagnoses[57-60].

Religious strategies may be particularly important for coping with mental and physical illness and disability. Persons who use religious coping appear to handle their conditions more effectively than those who do not[53,61,62].

Several studies indicate that religious coping is significant for mental and physical health outcomes for a variety of life circumstances, especially health problems[53,63] and bereavement[64,65]. Religious coping also appears to reduce levels of depression and anxiety[60,66] in connection with bereavement and other loss events[67].

The significance and relationship of a given religious factor to health outcomes will potentially vary across distinct social categories (e.g. race/ethnicity, denomination, age, social class, and region)[5]. That religion is instrumental in shaping behaviors (e.g. risk taking and protective behaviors) that are consequential for physical and mental health. This includes directly and formally proscribing specific behaviors that are health risks (e.g. dietary restrictions and prohibitions against the use of alcohol and tobacco), as well as encouraging behaviors that are conducive to health (e.g. regular exercise). These distinctive patterns of lifestyle and health behaviors could result in lower rates of chronic and acute illnesses within identified religious groups[5]. Additionally, religious adherents may have reduced risk for stressful life circumstances because religious teachings embody general guidelines for behavior (e.g. moderation and conformity) that discourage individual deviance and encourage interpersonal harmony[68].

Participation in religious groups confers a number of benefits in terms of enhanced social resources. These advantages include the size of one's social networks, frequency of interactions with network members, both actual and anticipated (subjective-support) exchanges of various types of informal and formal assistance (i.e. instrumental, socioemotional, and appraisal assistance), and positive perceptions of support relationships (e.g. satisfaction and anticipated help)[68,69].

The use of religion to promote individual and community healing (i.e. restorative activities) has been associated with the experience of strong, positive emotions regarding the self, such as feelings of self-worth, competence, and connection with others[70].

While the literature contains over two hundred experimental studies examining various forms of spiritual healing such as Therapeutic Touch, Intercessory Prayer, Reiki, LeShan, etc. only a small percentage of these studies have attempted to systematically assess the outcome of spiritual healing therapies and correlate the results with psychological aspects of health and illness including patient and healer belief or expectancy[71-75].

Research in religion and health has suggested positive relationships, and most recently has concentrated on the experience of religion, or spirituality[76]. Levin[77,78] investigated the effects of religiosity on numerous conditions, including chronic disease, functional disability, psychological wellbeing, and subjective perceptions of health, while controlling for age, race, ethnicity, gender, social class, denomination, as well as other social and psychological factors. Kaplan[79] found religious protections, such as increased hope, social personal regulation, and regulation of depression, fear and anxiety, to have positive effects on a patient's cardiovascular system. Benson[80] showed how prayer provided emotional comfort, and thus, improved health. Idler[81] concluded that religious beliefs may indeed alter a person's perception of illness and disabilities and provide greater comfort. Koenig[66] detailed the numerous ways that the "healing power of faith" can improve one's health, including relaxation effects, coping and social support. An increasing replication of studies finds a correlation between religious belief and practice and mental and physical health and longevity[82].

Several major journals in the field of psychology have recently devoted special issues to posi-

tive correlations between religious belief and practice and mental and physical health and longevity[82]. In addition, this research suggests that religious belief and practice involve both ordinary psychological processes and unique psychological-spiritual contents. On one hand, religion exerts its influence through common psychological channels like social support, healthy behavior, a sense of coherence, and medical compliance. On the other hand, by orienting motivation towards matters of ultimate concern and attributing sacredness to ordinary activities, religion also plays a distinctive role in human life[82].

Along with the presumed benefits of religious involvement for health, religion may also be associated with negative outcomes, such as poorer mental and physical health status, negative coping behaviors, and inappropriate use of health services[20,21]. Ness[83] verified negative and positive aspects of the religious convictions in the physical and mental health; among the negatives could be mentioned the fanaticism, asceticism, mortifications and oppressive traditionalism; the positive aspects are personal health, community health, complementarity of the religious conceptions with the medical conceptions of human well being.

In summary, the religion seems to be a psychosocial factor and the biological benefit in the recovery of the physical and mental diseases. Independent of the possible mechanisms, if individuals receive health profits by the religion; those should be motivated, respecting the faith individuality of each one.

Investigations of religion and health have ethical and practical implications that should be addressed by the public, health professionals, the research community, and the clergy. Future research directions point to promising new areas of investigation that could bridge the constructs of religion and health. The potential for both positive and negative effects of spirituality on health, combined with the high levels of engagement with spirituality, suggests that this area is ripe for future sustained research. Additional prospective studies are also needed to enhance our understanding of the temporal ordering of the relationship between exposure to spirituality and the timing of health consequences, and to strengthen our confidence in causal inferences.

Conclusion

In summary, the religion seems to be a psychosocial factor and the biological benefit in the recovery of the physical and mental diseases. Independent of the possible mechanisms, if individuals receive health profits by the religion; those should be motivated, respecting the faith individuality of each one. Investigations of religion and health have ethical and practical implications that should be addressed by the lay public, health professionals, the research community, and the clergy. Future research directions point to promising new areas of investigation that could bridge the constructs of religion and health.

The potential for both positive and negative effects of spirituality on health, combined with the high levels of engagement with spirituality suggests that this area is ripe for future sustained research. Additional prospective studies are also needed to enhance our understanding of the temporal ordering of the relationship between exposure to spirituality and the timing of health consequences, and to strengthen our confidence in causal inferences.

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Collaborators

RRN Alves and HN Alves worked in the bibliographical classification, conception and the article final composition; RRD Barboza worked in the conception, final composition and final language translation of the article; WMS Souto worked in the conception, composition and final formatting.

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