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Religiosity/Spirituality and Behavioral Medicine: Investigations Concerning the Integration of Spirit with Body

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Abstract This article introduces the special section on Religiosity/Spirituality and Behavioral Medicine. After brief comments on the increase in interest in this topic and related definition concerns, each of the five articles that comprise the special section is presented.

Keywords Religiosity · Spirituality · Health · Behavioral medicine

The growing interest among both scientists and practitioners regarding how religious or spiritual factors may relate or contribute to health and illness is nothing short of remarkable. To demonstrate this I followed the lead of Paul Mills (2002) who in his introductory comments for a special issue of the *Annals of Behavioral Medicine* presented a count of Medline citations on these topics. I conducted a similar Medline search entering the keywords ''religion or religiosity and health'' and ''spiritual or spirituality and health'' for five year intervals from 1975 through 2006. The findings are presented in Fig. 1 and represent number of publications per year for the given time interval. Two trends are evident. First, research using either the religion/religiosity or spiritual/spirituality terms and health has shown consistent and accelerating growth. Second, since about 1995 the rate of growth has been greater for spiritual/spirituality and health studies than for the religion studies. Clearly the construct of spirituality has gained prominence, if not consistent definitional clarity, in this line of research. Relatedly, it has been my personal observation that many social scientists and medical researchers seem more comfortable with this term than they are religion, which may carry connotations of institutional control and regulation; at least among those who do not consider themselves religious. Data we collected among 373 undergraduate students during the 2005–2006 academic year demonstrated that 52% of them considered themselves to be neither spiritual nor religious whereas 26% saw themselves as both. Sixteen percent described themselves as spiritual but not religious but only 6% said they were religious but not spiritual.

Precise definitions for these terms, particularly spirituality, are somewhat elusive but have been presented and discussed by others (Hill and Pargament 2003; Larson et al. 1998; Thoresen 1999; Thoresen and Harris 2002) and interested readers are referred to these more detailed accounts. Nevertheless, there is widespread agreement that both terms have to do with the nature of ultimate reality and that which is transcendent, sacred, and non-material. Despite these significant areas of conceptual overlap, most writers (excepting perhaps some in the very religious camp) also elicit common distinctions having to do, for example, with the individual (spiritual) versus the group or institution (religion). The series of articles that follow were written without significant attempt to disentangle the spiritual from the religious. Instead, important constructs, characteristics, behaviors, or processes that are relevant to and associated with both spirituality and religiosity are discussed within the framework of their demonstrated or potential influence on measures of health and illness.

One might question the need for a special section dealing with behavioral medicine issues as related to religiosity/spirituality (R/S). Several highly respected scientific journals have already published special issues or series of articles on this or related topics (e.g., *American*

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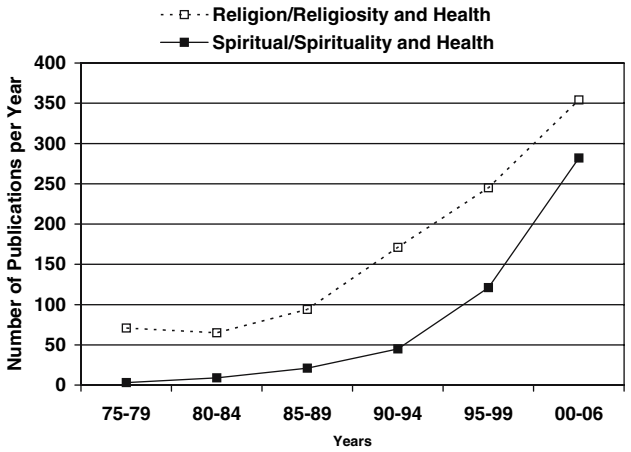

Fig. 1 Number of publications per year found in Medline with the keywords *religion or religiosity and health* and *spiritual or spirituality and health*. Search conducted in April, 2007. Averaged per year across the time interval. The final interval contains seven rather than 5 years

Psychologist, Annals of Behavioral Medicine, Health Education & Behavior, Journal of Health Psychology, Psychological Inquiry, Research on Aging). The necessity of this special section can be, in my opinion, demonstrated via a couple of observations. First, as depicted in Fig. 1, R/S is a contemporary area of growth and many of the previous special sections are now somewhat dated. Second, the growth of R/S research is not simply the accumulation of more articles on the same topics but instead demonstrates increasing breadth that testifies to the maturation of the area. Consequently, the topics covered in this special section are presented as a collection that addresses different facets of the R/S research domain that are growing and in need of a timely and current review. Thus, the time seems right to gather them in one publication.

In one of the five articles to follow Worthington and colleagues discuss various types and aspects of forgiveness and how these relate to indices of physiological function as well as health and well-being. Forgiveness is, of course, not a practice that is unique or exclusive to those who consider themselves to be religious or spiritual nor is it an inherently religious or spiritual behavior. To be sure, materialistic atheists may well be very forgiving people. Forgiveness may be thought of as a mechanistic construct, similar perhaps to compassion (Steffen and Masters 2005), that potentially bridges the secular–spiritual divide and opens up the possibility of applying findings from R/S research to those who do not consider themselves either religious or spiritual. However, it is also the case that religious traditions are replete with instruction regarding forgiveness, it maintains a central role in many theological systems, and religious people often focus on forgiveness as a vital aspect of their world-view. Further, many of the scholars who laid the theoretical and empirical foundations for development of the forgiveness construct within health and wellness research have also written extensively about explicitly religious variables and derived at least a measure of their initial interest and inspiration for their work on forgiveness from religiously informed perspectives. So forgiveness research may be somewhat unique in that it presents a construct that though firmly nurtured throughout religious traditions is easily assimilated into secular paradigms. I believe readers will find this review illuminating and will perhaps be surprised at the extensive research that has been conducted in this area.

Worthington and colleagues focus on physiological processes as relevant within the construal of forgiveness. Seybold, however, takes a somewhat different approach. His contribution focuses on R/S more generally and proposes physiological mechanisms that could account for how R/S ''gets into the person'' sort of speak. Drawing on research in other areas of psychophysiology and psychoneuroimmunology, Seybold makes application to constructs housed within a R/S framework and while bolstering his paper with specific research findings he also proposes possible pathways that are plausible but yet to be demonstrated. Researchers in the various areas of psychophysiological processes and how these may influence or be influenced by R/S variables should find in this paper substantial heuristic value.

The article by Wachholz and colleagues also addresses physiological processes but their specific focus is on pain, particularly chronic benign pain. These authors elaborate what they refer to as a bio-psycho-social-spiritual model of persistent pain; a model that integrates spiritual perspectives into the existing theoretical and empirical work that has already demonstrated the multidimensional and complex nature of human pain and suffering. These authors pay careful attention to both adaptive and maladaptive ways of incorporating religious coping into ones battle with pain and though they attend to physiological processes, they also explicitly develop psychological constructs that may be relevant mediators of the pain coping process.

The other two articles in the series have less to say about physiological processes but attend more to psychological and behavioral pathways that are nested within R/S paradigms and potentially influence health and wellness. Crystal Park's article on a meaning systems perspective investigates the potential viability of pathways such as sense of meaning in life, religiously influenced social support, beliefs regarding body sanctification, health locus of control, religious influences on health behaviors, and characteristics such as gratitude, hope, optimism, and compassion. She further discusses possible R/S influences in the context of primary as well as secondary and tertiary prevention and how the R/S variables may be uniquely relevant to each.

Finally, Masters and Spielmans delve into the issues surrounding non-meditative prayer and health. Probably no practice or behavior is more central to religious faith than prayer. In this article they first update their previous (Masters et al. 2006) meta-analysis of distant intercessory prayer and then briefly review research on how frequency of prayer, content of prayer, and prayer as coping may relate to health outcomes. They also offer several suggestions for developing lines of research incorporating methodological diversity in the study of prayer and health.

These five articles should provide readers of the *Journal of Behavioral Medicine* with an update and extension to their knowledge of R/S practices and variables and their relevance to health. Perhaps some intelligent and energetic souls will be inspired to begin their own lines of investigation in these topical areas. It is certainly the case that there are more questions than answers in this field and it is also highly probable that whether researchers are afforded the funding and support to seek those answers will depend on the quality and findings of studies investigating relations between R/S and health that are conducted in the near future. ''Hot topics'' in research only remain hot if they show mature development in terms of both theory and methodological sophistication. One thing is clear; R/S will remain a central aspect of life for many. The question is whether researchers will be up to the challenge of investigating these important experiences with even hands and considered judgment. The five articles that follow present excellent examples of how this work may be done.

References

Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *American Psychologist, 58*, 64–74.

Larson, D. B., Swyers, J. P., & McCullough, M. E. (Eds.). (1998). *Scientific research on spirituality and health: A consensus report*. Rockville, MD: National Institute for Healthcare Research.

Masters, K. S., Spielmans, G. I., & Goodson, J. T. (2006). Are there demonstrable effects of distant intercessory prayer? A meta-analytic review. *Annals of Behavioral Medicine, 32*, 337–342.

Mills, P. J. (2002). Spirituality, religiousness, and health: From research to clinical practice. *Annals of Behavioral Medicine, 24*, 1–2.

Steffen, P. R., & Masters, K. S. (2005). Does compassion mediate the intrinsic religion–health relationship? *Annals of Behavioral Medicine, 30*, 217–224.

Thoresen, C. E. (1999). Spirituality and health: Is there a relationship? *Journal of Health Psychology, 4*, 291–300.

Thoresen, C. E., & Harris, A. H. S. (2002). Spirituality and health: What's the evidence and what's needed? *Annals of Behavioral Medicine, 24*, 3–13.