Religion and Health Relationships: A Review

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ABSTRACT: This review examines various studies showing the relation between religiosity (religious beliefs and/or practices) and health. It also includes church attendance and its relation to drug use. The role of the church in health promotion is discussed, with examples of church intervention model programs. Several attempts have been made to measure religiosity and religious commitment, but as yet little has been done to identify specific dimensions of religion as they relate to health behaviors. Even though the literature indicates that religion is generally associated with health behaviors, health status, and longevity, further research on the specifics of this relationship is needed.

Religious beliefs have been closely related to health practices throughout history. From the beginning of time, the mutual influence of religion and health has been recognized in various cultures of the world. In the Judeo-Christian ethic, for example, many of the religious teachings were based on a health and wellness rationale. The principles of diet, rest, and sanitation were all based on religious values. Moses is still considered the world's first sanitation specialist! Researchers have recently begun to look at man's religious value systems to determine their relation to individual health lifestyles.

First, definitions of religion and health are in order. In view of the fact that concepts regarding religion or religiosity are viewed in many ways by various individuals, Glock has pointed out at least four ways in which religion may be assessed: (1) religious practices—involvement in church activity, ritual, or worship; (2) religious feelings—the affective experiences that assist the individual in his or her lifestyle; (3) religious knowledge—historical perspectives of one's affiliation; (4) religious effect—participation in the rewards and responsibilities of the individual's particular beliefs.¹

Health is also conceptualized in a variety of ways. Leavell defined health in terms of prevention—primary, secondary, and tertiary.² Dunn viewed health as a state of well-being,³ and Maslow as achieving self-actualization.⁴ The

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integration of primary prevention principles obtained through health education, the state of well-being obtained through emotional, social, and spiritual growth, and self-actualization obtained through the integration of a value system into everyday life are some ways of assisting the individual toward maximum health.

One of the giants of the health education field, Professor Delbert Ober-teuffer, once said, “Man in function is man in total.” He also argued that the various components of man—physical, intellectual, emotional, social, and spiritual—were in continuous interaction as an individual functioned rather than being separate and competing “selves.”

Harmon indicated that the integration of religion and its value system into the life of an individual often brought reality and stability to daily living; it allowed one to live with a sense of trust and to organize one’s thoughts in relation to other people and not just oneself.

Interaction of religion and health

To understand the complex relationship between religion (both organized church-centered religion and spiritual beliefs) and health, one must understand the functions that religion serves for humans. This has been delineated by several social scientists, including Durkheim, Yinger, Davis, and Vaux.

Jean Byrne listed at least ten needs that religion fulfills and that interact with health in the lives of people. The author went on to say that some of religion’s functions, such as providing a source of social support and strength in critical times, may be more dominant than others during different stages of health and illness. Whatever the stage in the life cycle, however, religion in some way affected one’s beliefs and actions. What functions religion played, Byrne contended, will depend on one’s stage along the life cycle of wellness and illness, one’s emotional maturity, and religious orientation.

Religion is viewed by many as an assisting mechanism in organizing thoughts and actions. Maslow indicated that the religious lifestyle and peak experiences are to be valued as producing health through the impetus they give for altering possible harmful lifestyles. Certainly if people value God as one who can give help in alleviating the stressful experiences of life, then religion should have an impact on health.

The literature concerning the healthy personality emphasizes the importance of personality integration, which is known to be facilitated by the adoption of a values framework. Religion is considered by some to constitute the most comprehensive values framework. In his dissertation, Jalali-Tehran studied 30 Christian males and 30 Moslem males and found a positive correlation among religious commitment, purpose of life, and personality integration. Those individuals who were more intrinsically (genuinely) commit-