

and mental illness, improving prevention and recovery from substance abuse, reducing teen health risks, reducing risk of suicide, longevity and improving health behaviours.

Research also identifies some negative health outcomes of religious/spirituality, hindering rather than helping treatment or recovery. For example, certain religious groups who reject medical interventions for only 'faith healing', can lead to earlier death from diseases that are often treatable.

Negative religious coping, such as seeing illness as a punishment from God or questioning God's power or love was linked with increased depression, poorer quality of life, and callousness towards others in a study of hospitalized patients. Another study described individual psychopathology linked with families whose enmeshment, rigidity, and emotional harshness were supported by enlisting spiritual precepts. Thus, religion can certainly have its downsides and be linked with clinical problems, if not worsening of one's condition.



Claudia Waehrisch-Oblau/VEM

Contact: Since most of the studies so far are US specific, do you think the results will have the same relevance in other countries and cultures?

David Larson: The World Health Organization notes, that the relevance of religion and spirituality to patients'



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Believe it or not...

- A study of 62 Muslim patients with generalized anxiety disorder were randomized to receive either a traditional treatment of supportive psychotherapy with anxiolytic drugs or traditional treatment plus religious psychotherapy, involving use of prayer and reading verses of the Holy Koran specific to the person's clinical condition. The study reported that patients receiving supplemental religious psychotherapy showed significantly more rapid improvement in anxiety symptoms than those receiving traditional therapy alone.
- A comprehensive study with a one-year follow-up in the Netherlands found that people

who indicated that "a strong religious faith" had only 38 per cent of the odds of becoming depressed in comparison with those who did not ascribe such importance to their religious faith. Also, among those who were depressed at the beginning of the study, those who ranked their religious faith as highly important recovered faster from their depression.

- Similarly, in a British epidemiology study, attending church and a vital religion were found to be protective factors from vulnerability to depression in both an urban and a rural community.
- In a study of suicide rates in the Netherlands, a decrease in suicide mortality was linked with

a religious revival among the young, pointing to religion/spirituality serving as a protective factor.

- A 16-year study in Israel found a distinct lower rates of early death in religious *kibbutzim** compared to those living in secular *kibbutzim*, evident in both genders, at all ages, and with remarkable consistency over all causes of death. The magnitude of the protective religious effect wiped out the usual gender advantage: secular women did not live longer than religious men did.

*village

The power of prayer

Longevity Religious attendance surfaced as a strong predictor for living longer. The meta-analysis summing study totalling nearly 126,000 people found active religious involvement increased the chance for living longer by 29 per cent.

Recovering from Surgery A study at Dartmouth Medical School found that elderly heart patients were 14 times less likely to die following surgery if they found strength and comfort in their religious faith and also remained socially involved, as well.

Improving Immune Functioning A study of 1,700 elderly found that persons who attended church to any degree were only half as likely as non-attenders to have elevated levels of a blood protein that can reveal problems in immune system functioning.



John Taylor/WCC

Children worship at Kimbanguist Church, Zaire

Lowering Risk of Depression A review of more than 80 studies appearing over the last 100 years found a factor steadily linked with lower rates of depression — religious participation.

Coping with Cancer A survey of 108 women undergoing treatment for various stages of gynecological

cancer revealed that more than 90 per cent of these cancer patients said their religious lives helped them sustain their hopes.

Reducing Risk of Substance Abuse A review of nearly 40 studies found that people with stronger religious commitment are consistently less likely to become involved in substance abuse.

Reducing Teen Health Risks A national study of 5,000 high school seniors found those who attend church weekly and report that religion is important to them are much less likely to engage in binge drinking, smoke or use marijuana.

Reducing Risk of Suicide A recent large national study, as well as a large-scale regional study thirty years earlier, found that persons who did not attend religious services were four times more likely to kill themselves than those who did.



Claudia Waehrisch-Obilau/WEM

lives goes beyond the United States. Spirituality and religion remain highly relevant factors among large numbers of people across the globe and potentially play a significant role in a person's sense of wellbeing.

To date most research has been conducted in the US, yet the few studies done in other countries point to similar findings. A huge opportunity awaits researchers to investigate spiritual and religious factors in various cultures. Recently, more international health leaders are calling for attention to spirituality/religion in both training, clinical practices, and research.

A position paper from the World Health Organization (WHO) on how to assess quality of life across cultures noted the importance of including persons' religion/

spirituality and personal beliefs. Interestingly, religion/spirituality was not included initially by the researchers in their proposed statement about the key components of one's quality of life. But the WHO 'grassroot' regional centres in various countries, in reviewing the proposal, consistently suggested this as an important dimension. As a result, WHO's six broad domains of quality of life seen as significant across cultures include: 1) the physical domain, 2) the psychological domain, 3) one's level of independence, 4) social relationships, 5) one's environment, and 6) one's spirituality/religion/personal beliefs.



Believers from the Pokrovskaja church in Moscow.

Peter Williams/WCC

For many people religion, personal beliefs and spirituality are a source of comfort, security, meaning, sense of belonging, purpose and strength. However, the report noted some people feel that religion can have a negative influence on their life. Consequently researching benefits and harms will allow each facet to emerge.

Unfortunately, medical clinicians and researchers often lag behind the patients they serve in recognizing the relevance of spiritual/religious commitment in dealing with illness, pointing to a need for training in this area.

Ahmed Okasha, an Egyptian psychiatrist and past president of the World Psychiatric Association (WPA), stated that religion has remained "an important factor in most patients' lives, no matter where in the world they live."

In Britain, the Royal College of Psychiatrists identified the need to consider spiritual issues in 1992, about the same time as psychiatric residency training programmes in the US made similar recommendations. They recognized the need to emphasize the physical, mental and spiritual aspects of healing in the training of doctors in

general and psychiatrists in particular. Religious and spiritual factors influence the experience and presentation of illness.

Dr Crossley followed up in 1995 in the *British Journal of Psychiatry*, underscoring both the clinical and research neglect of attending to religion and identified steps to take to address this neglect.

Yet apart from these statements, we are unaware of any international recommendations in training or research that might begin to rectify the clinical and research oversights concerning patient spirituality. Other countries may be attending to these factors in their training programmes, but unfortunately we are unaware of such needed steps.

David B. Larson is the President and primary founder of the National Institute for Healthcare Research (NIHR) at Rockville. The Duke University trained psychiatrist and geriatrician is also an epidemiologist who has pioneered research in spirituality and health.

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Research also identifies some negative health outcomes of religious hindering rather than helping treatment.

“GOD CAN MAKE US HEALTHY THROUGH AND THROUGH”

*China has seen extraordinary church growth in the last 20 years, and faith healing experiences seem to be an important catalyst for this growth. While prayers for the sick is common, **Claudia Wäehrlich-Oblau** explains there is rarely any laying-on of hands or anointing with oil as is the practice in some other countries.*

Healing as a means of church growth

Between 1980 and 2000, the number of Protestant Christians skyrocketed from an estimated three million to probably 20 million. Representatives of the China Christian Council estimate that about half of the new conversions of the last 20 years have been caused by faith healing

prayers, and they testify of many healing experiences.

There can be no doubt that the expectation of miracle healings in China and their experience directly correlate with the unavailability of medical services. For hundreds of millions of Chinese, there are few options when they fall ill, and where medical services are not available, people will turn to anything else that promises help.

While Christian councils in recent years, have founded a sizeable number of small church-run clinics and health services, and the Amity Foundation – the development arm of the China Christian Council – has organized and sponsored large-scale training programmes for rural doctors, these efforts have not made a tangible impact on the overall situation.

Individual Christians and churches in China respond to this need by preaching Jesus as the healer.

Prayers for the sick and healing testimonies are an important element of personal evangelism. Christian believers will tell neighbours and friends who are ill that they should believe in Jesus for their recovery.

Reversely, due to the numerous faith healing experiences, especially in the countryside, non-Christians who fall ill and cannot be helped by a doctor – be it that they cannot afford treatment, or be it that treatment fails – often seek out Christians and ask them for prayers so that they can be healed.

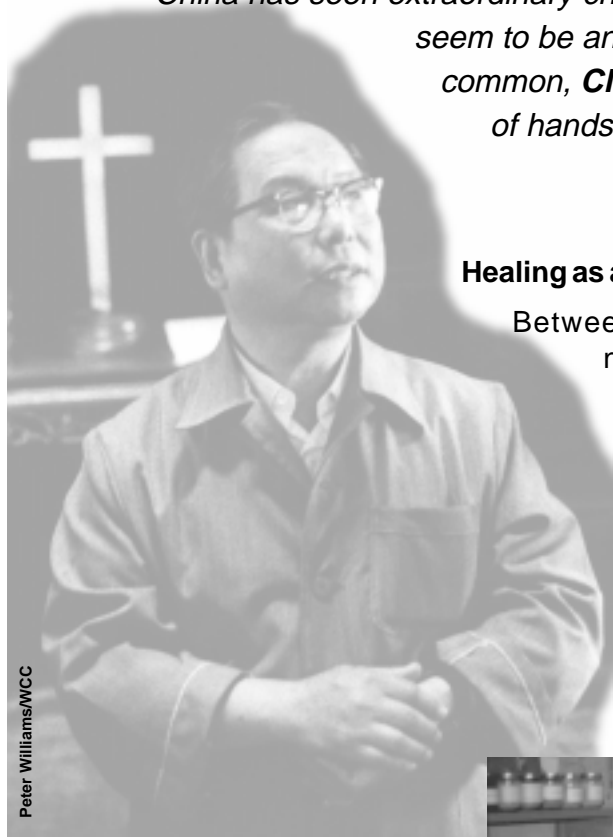
The practice of prayers for the sick

Within the Chinese churches, prayer for the sick is practised universally and as a matter of course, and healing as a

experiences, either one's own or that of a family member or close friend.

Large-scale, public evangelism meetings are not legally possible in China. Evangelistic meetings do take place occasionally within church buildings, but cannot be publicly advertised. Most evangelism in China therefore happens on a personal, one-to-one basis. It is in those encounters that Jesus is witnessed as the healer, while sermons in front of a larger audience would rather stress Jesus as the saviour of souls. Neo-Pentecostal style healing crusades are unknown in China. But travelling evangelists who preach in house churches and smaller gatherings are often asked for healing

Prayers for the sick and healing testimonies are an important element of personal evangelism



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