

Religious Practice, Spirituality, and the Crisis of Cardiac Surgery

Ellen L. Idler, Ph.D., Professor of Sociology
Rutgers University

Additional authors: David A. Boulifard, Richard J. Contrada

This paper presents a set of new measures to explore the experience of worship services. The health research literature suggests that attendance at religious worship services is centrally important among the dimensions of religiousness, and there are identifiable physical and sensory aspects of the experience that could be linked to health outcomes. Our analysis produced ten measures of religiousness/spirituality that explore the complex physical, sensory, behavioral, emotional, and cognitive experiences to which people are exposed when attending religious worship services.

In a regional sample of cardiac surgery patients interviewed prior to and following surgery, we developed and tested these new measures for multiple dimensions of the experience of attendance at worship services, which is usually measured only by frequency of attendance. Our findings show that pre-operative sense of purpose and self-rated spirituality were associated with a lower risk of mortality, and positive worship emotions were associated with a higher risk of mortality.

While the literature in the field has clearly suggested that attendance at religious worship services is the dimension of religiousness that has the strongest association with physical health, researchers' attention has mostly focused on other aspects, particularly those involving the solitary individual's perception of inner states. Our goal was to draw attention to specific aspects of the experience of public religious worship services that may have effects on health because such experiences are at least partly absorbed through the body and its five senses.

Members of congregations participating in worship services are exposed to ritual practices that, as classical social theorists and modern commentators have observed, generate a collective consciousness, an awareness of the religious group as a singular entity, and a transformed sense of the self as an integrated part of the whole. The strong correlation between our measure of the importance of worship practices and almost all of the other measures, new and old, is testimony to the centrality of the concept.

However, the associations of these new dimensions with health outcomes in this cardiac surgery patient sample were somewhat contradictory and inconclusive. Dimensions of religious worship experiences are important to understand, but may be more strongly associated with physical health outcomes in healthy, population-based samples than in clinical, patient-based samples. Although these new measures were not associated with survival, this is just the start of new initiatives to understand the association between religion and health.