Should Religion Have a Role in Patient Care?

An Investigation of the Theory and Methods of Dr. Harold Koenig's Vision of an Improved Medical System

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Introduction

Many scholars agree that the connection between medicine and religion has always existed throughout history, dating back to as early as the ancient Egyptian societies. In fact, they used to be so closely linked that there was hardly any distinction between the two at all. Illness was seen as the product of demons, and treatments included spiritual rituals such as dances, incantations, sacrifices, etc. In Ancient Judaism, lack of faith was associated with illness and prayer was the only effective treatment. Some scholars believe that it was not until the fifth century BC when the first nonreligious approach to medicine emerged in Ancient Greece with the theory of Hippocrates: that disease is the product of environment factors, diet, and living habits, not a punishment inflicted by a spirit. Even with Hippocrates' new theory, religion played a large role in medicine until the Age of Enlightenment in 18th century Europe. From this time on, thousands of scientific discoveries were made in the medical world resulting in a medical system that is divorced from religion and completely based in reason. However in the late 20th century with the New Age and self-help movements, there was a reemergence of the belief in a religion-medicine connection; one that called for scientific evidence.[1]

In the last thirty years, interest in the scientific study of the link between medicine and religion has expanded greatly. Some scientists now attempt to find a middle ground where science, medicine, faith, and ethics can all exist together. In the media, more and

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[1] Sloan, Richard P. *Blind Faith: The Unholy Alliance of Religion and Medicine* (New York: St. Martin's, 2008), 16-21.

Harrington, Anne. *The Cure Within: a History of Mind-body Medicine* (New York: W.W. Norton, 2008), 15-66.

Koenig, Harold G., Michael E. McCullough, and David B. Larson. *The Handbook of Religion and Health* (Oxford: Oxford UP, 2001), 25-39.

more headlines like, “Is Religion Good Medicine? Why Science is Starting to Believe,” have found their way onto the covers of popular magazines. Over half of medical schools in the United States now include courses on religion, spirituality and health in their curriculum. There are now over 1,400 scientific papers published in medical journals on the topic.[2] What these examples show is that there is no doubt that the interest of religion and spirituality has increased among scientists and other professionals in the medical world. Among the most deeply interested is Dr. Harold Koenig, professor of psychiatry and behavioral sciences and the director of the Center for Spirituality, Theology, and Health at Duke University.

Dr. Harold Koenig is also one of the leading researchers in the study of the link between religion and health. Koenig and his team at Duke University are one of the most active research teams in publishing the result of their studies on the link between religion, having published more than 35 books and over 280 medical articles[3] With these research studies and publications, Koenig aims to prove through scientific evidence that religious people have better overall health than their non-religious counterparts and that religious practices can promote a faster recovery in patients that are ill. The driving force behind Koenig’s efforts is his vision of a better and more wholesome medical system. He believes that because religion plays such an important role in so many patients’ lives when coping with long-term illnesses, it should become a regular medical practice to

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[2] Sloan, Richard P. *Blind Faith: The Unholy Alliance of Religion and Medicine* (New York: St. Martin's, 2008), 49.

[3] “Duke Center for Spirituality, Theology, and Health,” accessed Jan 22, 2012. <http://www.spiritualityandhealth.duke.edu/index.html>.

address the religious/spiritual needs of each and every patient who is admitted into the hospital.

Koenig at first seems extremely eloquent and savvy in his presentation of his research; however, after a deep examination of his work, I started to wonder: 1) Are Koenig's research studies and results convincing and legitimate, and 2) would his goal to change the medical system in such a way that addresses the religious/spiritual needs of patients actually be effective in benefitting patients? From my research, I have found that the answer to both of these question happens to be "no." I argue in this paper that although I agree that medical care needs to be changed in order to meet more than just the physical needs of patients, Koenig's approach to do this by scientifically proving the health benefits of religion through his published books is unconvincing as well as ineffective in benefiting patients.

Out of Koenig's 35 published books, I have studied six and have chosen four to focus on in this paper to exemplify the shortcomings in his argument. These four books include *Spirituality & Health Research* (2011), *The Healing Power of Faith* (2001), *The Handbook of Religion and Health* (2001), and *The Healing Connection* (2004). Although there is a large range of publishing dates for these books, Koenig's argument remains consistent: that religious people have better health than nonreligious people, and that the medical system should cater to the religious/spiritual needs of the patients. I will use these four books to demonstrate how Koenig's arguments in his published work are not credible because: 1) It is not scientifically valid to measure "religiosity" due to the lack of an agreed upon definition of the term "religion," 2) Many of the scientific studies he cites as supportive evidence of his theory are misrepresented in order to better support his

claim, 3) Much of the evidence he provides to support his claim is anecdotal, which is not scientifically valuable as he claims they are, and 4) He exposes far too much of his own personal bias, which detracts from his professionalism.

After exhibiting the unconvincing aspects of Koenig's argument in his published works through the four points above, I will then discuss the ineffectiveness of his theory. By ineffectiveness I mean to say that even if Koenig *did* provide us with a convincing argument, his proposed vision of an improved medical system would not be effective in catering to the religious/spiritual needs of patients. I will argue that Koenig's vision would only benefit some religious patients and would totally exclude nonreligious patients as well as patients who consider themselves "spiritual, but not religious" from receiving this extra patient care. This section will then lead me into questioning what Koenig's real agenda is.

I will conclude with my own personal opinion of how the medical system should be improved, by suggesting a more holistic (to be defined below) approach that requires an increase of face-to-face time between physicians and patients. It will argue this more "compassionate" approach to medical care is much more effective in benefitting patients' health because it addresses the wholeness and complexity of each patient's health rather than focusing solely on their physical health, resulting in more accurate diagnoses and treatments.

Koenig's Vision of an Improved Medical System

The motivation behind all of Koenig's research with Duke and published articles and books is his desire to benefit patients through the improvement of the healthcare system. It was the time spent with his patients during the early years of his residency that

motivated him to embark on such a challenging mission to change the medical system. After medical school at the University of California, San Francisco, he began his first residency in Columbia, Missouri. It was here where he started working mostly in geriatrics, and found that many of his older patients would frequently try to talk to their nurses and doctors about religion and would use religion as a key coping mechanism during their hospitalizations. However, it also became apparent to him that the healthcare professionals (HPs) and other hospital staff would more often than not ignore any kind of religious/spiritual discussion.[4]

The main problem that Koenig sees in the current medical system is that it offers very little to its patients when it comes to their religious/spiritual needs. Although Koenig is definitely not calling for a reemergence of ancient religious practices in medicine such as exorcisms and sacrifices, he does still believe that there is an important place for religion in medicine, specifically as a valuable coping mechanism that both promotes a faster healing process and helps maintain good health. Because most medicine is now focused solely on hard science, this important function of religion has been forgotten. Although medical schools in the United States endorse the need to "incorporate awareness of spirituality, and cultural beliefs and practices into the care of patients," and "Over 100 of the 141 American medical schools now have elective or required courses on religion, spirituality, and medicine…few HPs (healthcare professionals) today inquire

[4] Koenig, Harold G., and Gregg Lewis. *The Healing Connection: The Story of a Physician's Search for the Link between Faith and Science* (Philadelphia: Templeton Foundation, 2004), 60-61.

about the spiritual needs of patients."[5] Why is this a problem for Koenig? Because according to his studies, "over three-quarters of patients report spiritual or religious needs during hospitalization." In *Spirituality in Patient Care*, he explains the main reasons he calls for a spiritual component in the medical system.

Koenig dedicates a chapter in this book to addressing the question of "*why* change the current medical system," by highlighting five important observations he has made during his medical practice in the geriatric and family practice wards, the first of which is that "many patients are religious or spiritual, and would like it addressed in their healthcare."[6] Koenig then shows the statistics that prove this statement. According to a 1996 Gallup study he cites, "96 percent of Americans believe in God, over 90 percent pray, nearly 70 percent are church members, and over 40 percent have attended church, synagogue, or temple within the past seven days."[7] In a survey that studies 203 inpatients in two hospitals on the United States east coast, researchers "King and Bushwick report that about three-quarters (77%) of patients said that physicians should consider their spiritual needs and 37 percent wanted to discuss their religious beliefs more."[8] The combination of these statistics and Koenig's personal experiences working with his patients lead him to believe that it is true that more patients than fewer would like for their doctors to address their spiritual needs.

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[5] Koenig, Harold G. *Spirituality in Patient Care: Why, How, When, and What* (Philadelphia: Templeton Foundation, 2002), 5.

[7] Ibid., 16.

[8] Ibid., 17.

The second reason why Koenig calls for change the medical system is that, "religion influences the patient's ability to cope with illness."[9] Koenig defines spiritual coping as, "the use of religious beliefs or practices to reduce the emotional distress caused by loss or change."[10] He found it very common to see people turn to religion to help them get though the struggles of disease, illness, and being in the hospitals. According to Koenig, religion gives these people strength, comfort, and meaning. Whether the patient studies the Bible for the personal strength to manage with the illness or whether they pray for actual healing, it is their faith that gives them reason to fight on.

The third reason why Koenig believes the medical system should be changed is that when patients are admitted into the hospital, "they are isolated from their religious communities."[11] It is during these times when people need the most support from their religious communities. They may feel the desire to speak with their minister, but it is difficult to coordinate such a request especially with the regulations of limited visiting hours. Many hospitals have chaplains who are professionally trained to provide religious counseling, however there are usually not enough available to meet the religious/spiritual needs of all the patients who request it. In addition, other religious resources such as religious texts, television programs, and services are not readily available in most hospitals, adding to the sensation of isolation a patient might feel from their religious community.[12]

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[9] Ibid., 19.

[10] Ibid., 19.

[11] Ibid., 20.

The fourth reason Koenig advocates for a change in the medical system is that "religious beliefs influence medical decisions."[13] "Religious beliefs can influence patients' diet, practices related to birth control, rituals surround death and dying, whether they will comply with medical treatments, accept blood, vaccinate their children, receive prenatal care, take antibiotic and other prescribed drugs, alter lifestyles, etc."[14] Koenig therefore believes that it is the responsibility of the patient's doctor to know this in order to offer them the best medical care possible.

The final and probably the most important reason why the medical system should be changed in order to address the religious/spiritual needs of the patients is that Koenig believes that there is a positive relationship between religion and better health.[15] This is where Koenig's research with the Duke Center of Spirituality becomes important. Using the scientific method (including a question, a hypothesis, methodology, data analysis, results, and conclusion) Koenig strives to prove not only the mental health benefits of faith, religious practices, and being a part of a religious community, but also the physical health benefits. This fifth reason is particularly important because it brings science and religion together into the same topic of investigation and discussion, when they are usually seen as incompatible. We will see how Koenig tries to bridge this gap between the two in his research and publications, but first it is important to discuss how Koenig addresses the question of *how* he thinks we should go about changing the medical system.

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[12] Ibid.

[13] Ibid., 21.

[14] Ibid., 22.

[15] Ibid.

In order to meet all the religious/spiritual needs of patients, Koenig argues that hospitals would need to include a religious history in their patient examinations, offer more religious sources, staff more chaplains, and also consider prayer with patients who request it. It is important to note that Koenig acknowledges the high stress and fast paced environment that exists within today's hospitals, so he has made sure that his vision of the improved medical system is one that would not interfere with the time-demands that most HPs face on a daily basis.

Although in some hospitals and clinics there are chaplains who have received extensive training to address the religious/spiritual needs of medical patients, the prevalent pressures of time and cost efficiency have been reducing the availability of their care to patients. According to Koenig, "professional chaplains are the true spiritual care experts in the health care setting."[16] A chaplain certified by a recognized national chaplaincy organization has gone through extensive training to meet the needs of medical patients, usually involving four years of college, three years of divinity school, and one or more years of clinical pastoral education in a hospital setting. Unfortunately, most hospitals do not staff enough chaplains to meet the requests of every patient, family, or staff member that might ask for help. In Koenig's opinion, "If clergy and chaplains are not able to evaluate most patients, then someone needs to."[17] These "someones" Koenig refers to are non-chaplain healthcare professionals.

Koenig believes that with training, all healthcare professionals could be qualified to offer the religious support that is currently missing from the medical system. He thinks

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[16] Ibid., 48.

[17] Ibid., 7.

it could be as simple as, "briefly assessing every patient to learn about religious or spiritual beliefs that might influence medical care, identity spiritual needs that could interfere with recovery from illness, and refer those patients with spiritual needs to chaplains or to other pastoral care experts."[18] The specific ways of how an HP should go about offering religious support are described below.

Koenig believes that taking a spiritual history is the foremost important activity that an HP should do in order to identify the patients' religious/spiritual needs. The spiritual history is to be taken during the first meeting the patient has with the HP upon arriving at the hospital. It is necessary to take a spiritual history in order to "1) understand the role that religion plays in the patient's coping with illness or in causing him or her stress, 2) become familiar with the patient's religious beliefs as they relate to decisions about medical care, and 3) identify patient spiritual needs that could affect health outcomes if not adequately addressed."[19]

According to Koenig, taking a spiritual history produces positive results for both the patient and the healthcare professional. In addition to the reasons listed above, the spiritual history is important to take because "it gathers important information that is useful for understanding the motivation behind many of the patient's behaviors related to health care," and it "provides information about the patient's support systems and resources within their community that can help ensure that patients comply with treatment, obtain adequate medical follow-up, and have people around them to monitor

[18] Ibid.

[19] Ibid., 41.

their conditions and provide necessary care."[20] Koenig hopes that this history informs the patient that religion/spirituality is an area that the HP is willing to discuss in the future if the patient should need to. It also it sends the patient the message that this deeper aspect of his or her identity is recognized and respected by his or her doctor. I will elaborate later in this paper about how important this last point about identity is in good medical care.

The five qualities that make a spiritual history successful according to Koenig are as follows. Firstly, he believes that because HPs need to spend so much time on other patient information (physical examination, medical history, etc.), the questions asked in the spiritual history should be brief and only take a few minutes to ask. Secondly, the questions must be easy to remember so that the HP does not forget to ask for important information. Thirdly, the questions should effectively gather the information that is sought after, meaning that they should have the appropriate content for the particular situation. Fourthly, the history must center on the particular patient's beliefs, without the judgment or any attempt to modify those beliefs or lack of belief. And lastly, the spiritual history must be acknowledged by experts in the field as a valid and appropriate instrument of data collection.[21]

An example of a spiritual history that meets all five of these criteria is the CSI-MEMO Spiritual History, originally published in the *Journal of the Medical Association* in 2002. It asks about four aspects of the patient's spiritual history that are relevant to

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[20] Ibid.
[21] Ibid.

care during and after hospitalization. CSI-MEMO is an acronym that helps HPs remember the four questions, which are:

1. Do your religious/spiritual beliefs provide **C**omfort, or are they a source of **S**tress?
2. Do you have spiritual beliefs that might **I**nfluence your medical decisions?
3. Are you a **MEM**ber of a religious or spiritual community, and is it supportive to you?
4. Do you have any **O**ther spiritual needs that you'd like someone to address?[22]

This should be all that is necessary in order for the HP to continue with the next step of caring for the religious/spiritual needs of the patient. The HP should then document this information so that it can be readily accessed whenever needed.

Koenig states that the next step that should be taken after administering the spiritual history is to orchestrate the religious/spiritual resources that the individual patients may need. He expresses, "I believe that it is the *physician's* responsibility (as head of the healthcare team) to ensure that spiritual needs are met by someone, even though the physician will not likely be the person who actually meets those needs."[23] Because few HPs will not have the time or training necessary to address the patient's religious/spiritual needs beyond listening with respect and concern to their words, it is important that they refer the patient to a pastoral care expert such as a chaplain, pastoral counselor, or trained clergy from the patient's religious denomination. The other resources that should always be accessible to a patient in a clinical setting include

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[22] Ibid., 42.

[23] Ibid., 47.

religious reading materials, access to religious services (either at the hospital's chapel or on television), someone who can contact their clergy, and the opportunity to pray with their religious group or family. These are all resources that patients would normally have access to outside of a hospital. Not having access to these resources could interfere with their process of coping with their illness.

Koenig brings up his most controversial suggestion when he asks the question of whether HPs should pray with their patients. He states the possibility that praying with the patients could provide enormous comfort and support, and could strengthen the HP-patient relationship. However, he also acknowledges that prayer led by the HP could also make the patient feel imposed upon, pressured, and uncomfortable. Some believe that prayer should never take place between an HP and their patient; however, Koenig seems to take the stance that, if the patient asks the physician to pray with him or her, then it is appropriate to do so.[24]

Koenig's Approach to Making a Change

Since I have laid out why Koenig sees the need for a change in the medical system and how he would ideally change it, it is now important to discuss the approach that Koenig takes in order to make his revolutionary vision a reality. The fight to incorporate religion/spirituality into such a well-established, scientifically based medical system is not an easy one. How did Koenig think he could be the voice of his patients and simultaneously get the attention and consideration from the healthcare community? Koenig was well aware of the fact that the only way to earn the recognition of medical professionals is through published scientific evidence. Without a scientific foundation,

[24] Ibid., 55.

Koenig's mission would be futile. This is why he created the team at Duke University and why the team has released so many scientific publications about the work they have done.

After Koenig finished his residency in Columbia, Missouri, he moved on to working at the Duke University Medical center where he ended up situating himself for many years of scientific research on the connection between religion and better health. He arrived there in 1986 for a fellowship in geriatric medicine, by 1992 he had joined the faculty, in 1995 he had formed the Program on Religion, Aging, and Health, and finally in 1997 he founded and became the director of Duke University's Center for the Study of Religion/ Spirituality and Health.[25] The Duke Center has five main goals in their mission statement. These include:

1) Conduct research on the relationships between religion, spirituality, and health
2) Train and support those wishing to do research on the topic
3) Interpret the research for clinical and societal applications
4) Explore the meaning of the research findings within the context of theological positions
5) Discuss how theological perspectives might inform the design of future research[26]

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[25] Koenig, Harold G., and Gregg Lewis. *The Healing Connection: The Story of a Physician's Search for the Link between Faith and Science* (Philadelphia: Templeton Foundation, 2004), 84.

[26] "Duke Center for Spirituality, Theology, and Health," accessed Jan 22, 2012. http://www.spiritualityandhealth.duke.edu/index.html.

Since its beginning, Koenig and the center's scientists have designed and performed over fifty major research projects on the relationship between religion/spirituality and health. Over seventy data based and peer-reviewed papers have been published in medical and scientific journals as a result of these studies.[27]

The Duke Center for the Study of Religion/Spirituality and Health divides the role of religion/spirituality in health into three categories: illness prevention, illness recovery, and treatment/ health services use. He includes a list of the center's discoveries some of which are:

- People who regularly attend church, pray individually, and read the Bible have significantly lower blood pressure than the less religious.
- People who attend church regularly are hospitalized much less often than people who never or rarely participate in religious services.
- People with strong religious faith are less likely to suffer depression from stressful events, and if they do, they are more likely to recover from depression than those who are less religious.
- People who attend religious services regularly have stronger immune systems than their less religious counterparts.
- Religious people live longer [28]

The findings listed above are only a fraction of the work the center has produced, but many of the other studies have produced very similar results: that higher religiosity equals better health.

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[27] Koenig, Harold G. *The Healing Power of Faith: Science Explores Medicine's Last Great Frontier* (New York, NY: Simon & Schuster, 1999), 23.

[28] Ibid., 24.

To Koenig, the method of publishing the research that has been done on this topic is the only way to get experts in the medical field to consider Koenig's theory. "I am saddened by the fact that many Religion/Spirituality-Health researchers expend huge amounts of time and effort in designing, managing, and writing up the results of this research, yet they never get those results published so that others can learn about that work."[29] He believes publishing is so important because, not only does is help spread the knowledge of new found discoveries in the field, but it also makes the information much more official, helps in receiving funding for future studies, and gives the author of the publication professional and public recognition.[30] The important trend among all of these reasons for publishing is that publishing creates a more professional and sophisticated image. The research studies and people who designed them will be taken much more seriously when they are printed in a peer-reviewed medical journal or in a fat, glossy book. Koenig states that "[o]ne of the reasons for my success as an academician is that I try to publish anything I ever do or say."[31] We will see in the next section whether publishing *everything* Koenig ever did or said lends to a more or less convincing argument for Koenig's theory and goal.

Koenig's Publications and Why They Aren't Convincing

Out of Koenig's extensive collection of published works, the four books I have chosen to focus on are *Spirituality & Health Research*, *The Handbook of Religion and Health*, *The*

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[29] Koenig, Harold G. *Spirituality & Health Research: Methods, Measurement, Statistics, and Resources* (West Conshohocken, PA: Templeton, 2011), 348.

[30] Ibid.

[31] Ibid.

Healing Power of Faith, and *The Healing Connection.* I have chosen to focus on these four because I feel they best represent the important aspects of Koenig's argument and they also offer the best examples of why Koenig's argument is not a convincing one. It will become evident in my reviews that Koenig's strategy of publishing *everything* may not be as successful as he thinks.

Spirituality & Health Research (2011)

Koenig's most recently published book, *Spirituality & Health Research*, is his attempt at creating a go-to reference on designing and executing studies in the field of religion/spirituality in health. He includes sections on the overview of research that has already been done, the methods and designs that are and are not effective, how to measure religiosity, statistical analysis and modeling, and finally how get published and funded. The section that I would like to concentrate on is the section on measuring religiosity.

Let us first address the question of what it actually means to "measure religiosity." According to Koenig, "[m]easurement lies at the heart of research on religion, spirituality, and health."[32] A well-designed scientific study usually has two groups of comparison. What is important about these two groups is that there is absolutely no overlap between the two groups, so in order to avoid this, each group must be extremely well defined. For example, in a study looking at whether aspen trees or ponderosa pine trees need more sunlight, the two groups are the aspen and the ponderosa pines. In this case, because the groups are made up of two different tree species with non-

[32] Ibid., 208.

overlapping scientific classifications, it is easy to ensure the separation between groups. However, a bigger challenge arises when one tries to compare a religious group with a non-religious group. Religion and spirituality are both terms that can mean many different things to different people. Where exactly is the line between religious, spiritual, and non-religious? When Koenig refers to "measuring religiosity," he is talking about how to measure how religious each subject is in order to place them within the appropriate group for the particular study. How does Koenig measure religiosity exactly? It all starts with clearly defining the terms.

Koenig is well aware of the ambiguity that comes with these three words, and for this reason he dedicates a whole chapter to definitions in this book. According to Koenig, "the definitions chosen for terms such as 'religion' and 'spirituality' depend on the setting and purpose for which they are used."[33] To expand on this idea, what he means is that in a quantitative research setting, the definition for the terms (religious, spiritual, secular) must be clear, unambiguous, and measurable. In a clinical setting on the other hand, he would say that there is no need for a clear definition of the terms since patients usually have their own personal definitions for such terms, and it would not be appropriate for health professionals to force one standard definition. Therefore, Koenig provides his readers with his own definitions of "religion," "spirituality," and "secular" that he uses for his research and not for his clinical practice.

[33] Ibid., 193.

Koenig defines "religion" as "beliefs, practices, and rituals related to the Transcendent or the Divine."[34] When he elaborates on this definition he states that religion includes:

- Belief in a Transcendent being known as "God, Allah, HaShem, the Higher Power, Vishnu, Krishna, Buddha, or closely related to concepts such as Ultimate Truth or Reality."
- A doctrine about life after death
- Rules to guide behavior during the present life to prepare for the life to come
- Guidance on how to live within a social group in order to maximize harmony and cooperation
- Guidance on how to minimize conflict and harm to self or others
- A community made up of those who seek to adhere to the doctrines of the particular faith religion, and is often organized and maintained as an institution. (However, can also be practiced outside of an institution, involving private expressions of devotion to the Transcendent.)[35]

In sum, he notes: "At its core, religion involves an established tradition that arises out of a group of people with common beliefs and rituals concerning the Transcendent."[36]

Koenig's definition of "spirituality" is quite different from today's common ambiguous understanding of the term. Spirituality is usually seen as a more inclusive term that is unattached to the rules, authority, and divisions of religion; one in which

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[34] Ibid., 197.
[35] Ibid.

[36] Ibid., 196.

individuals can define for themselves. It is not uncommon to hear the phrase, "I consider myself spiritual but not religious." Koenig avoids the vagueness of this approach by drawing his definition of spirituality from the work of theologian Philip Sheldrake at the Cambridge Theological Federation.

> According to this traditional definition of spirituality, those considered spiritual are people whose lives are rooted in and directed by their religious beliefs (i.e., the deeply religious). These individuals, then, would be distinguished from those who are either not religious or who are religious but not deeply so…Individuals described as spiritual were those who dedicated their lives to religion, such as the clergy or committed religious leaders (e.g., Gandhi, Buddha, Confucius, Jesus, Mother Teresa)…, but also include individuals who are deeply involved in religious activity or were sincerely seeking to develop a religious view and way of life reflected in their relationships with others, themselves, and the world around them.[37]

He admits that this definition is not perfect, but that it creates a much more solidified construct to use in a scientific study than the vague contemporary definition does. This definition also offers a category that can be compared to other categories, such as religious or secular. When taking a measurement of religiosity, degree of commitment, and level of practice, Koenig says that the people who have scored in the top "10 or 20 percent" are considered "spiritual." This group can then be compared to a religious group or a secular group where there is no group overlap, making for a strong scientific study.[38]

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[37] Ibid., 197.

[38] Ibid.

The last word that Koenig defines for his research purposes is "secular," which he understands to mean, "a philosophical approach that understands human existence and behavior without reference to the Transcendent."[39] Distinct from both the religious and the spiritual, secular people focus on "the rational self and human community as the ultimate source of meaning and hope." He does not expand past this explanation and writes at the end of the definition, "This definition of secular is generally agreed upon, is clear and does not overlap with other constructs."[40]

Koenig limits the categories (constructs) of his studies to these three in order to conduct and present the clearest and most professional scientific studies. He notes that he intentionally does not include the category of "secular spirituality" as many other researchers in this field do, for the reason that is it confusing and creates too many overlaps between his three constructs. In his attempt to describe "secular spirituality" he says that these are the people who call themselves, "spiritual but not religious." The problem he sees with trying to measure "secular spirituality" is that it is so broad, overarching, and inclusive in its meaning that it would result in scientifically unacceptable construct overlap.[41] Therefore, Koenig uses only his tight, and rather restricted definition of religion in order to measure religiosity (how religious someone is).

Koenig gathered the majority of his "quantitative measurements" of religiosity through either self-administered or interviewer-administered scales contained in a questionnaire containing religious statements that were based on Koenig's definition of

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[39] Ibid., 199.

[40] Ibid.

[41] Ibid.

religion. Self-administration has the subject filling out their own questionnaires, whereas interviewer-administration has a trained interviewer asking the subject the questions from the questionnaire and then recording the responses. Three categories of religion and religiosity are tested for in these scales. These include organizational religiosity (also called public religious practices), non-organizational religiosity (private religious practices), and religious importance (the individual's commitment to religious beliefs).

An example of one of these scales is the Intrinsic Religiosity Scale, developed by Dean Hoge. The scale measures 10 dimensions of religion assessed on a 1 to 5 scale from strongly disagree to strongly agree, producing a score range from 10 to 50. Some of the statements on this scale include, "Church is important as a place to go for comfort and refuge from the trials and problems of life," "One should seek God's guidance when making every important decision," and "Nothing is as important to me as serving God as best I know how."[42] This scale, in Koenig's opinion, is "the best measure of religiosity/spirituality (R/S) [because] it is the most accurate measure of what [Koenig] thinks is at the heart of religious devotion—relationship with and commitment to God."[43] In addition, "unlike many other R/S scales, researchers have actually established the validity of this intrinsic religiosity scale based on judgments of religious professionals (ministers, priests, rabbis)."[44] For these reasons, Koenig states to have used this scale in almost every study he has designed in the last 30 years.

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[42] Hoge, R. "A Validated Intrinsic Religious Motivation Scale." *Journal for Scientific Study of Religion* 11.4 (1972): 369-76. *JSTOR*. Web. 22 Jan. 20

[43] Koenig, Harold G. *Spirituality & Health Research: Methods, Measurement, Statistics, and Resources* (West Conshohocken, PA: Templeton, 2011), 229.

[44] Ibid., 221.

As we see from Koenig's definitions above, Koenig tries extremely hard to make religiosity a construct that can be measured for scientific use. The main problem I have with this approach is that Koenig's measurements of religiosity are based on his own subjective definition of religion. Even when Koenig goes great lengths to define religion, it is not a definition of the term that is universally agreed upon. Constructs such as blood pressure, serotonin level, height, and weight all have objective meanings and therefore they can be measured in a scientifically factual manner. Sloane explains how, "[r]eligiosity is a construct that we may recognize as important but that is not directly accessible. Because of this we cannot measure it directly. We can only infer [the] dimensions [of these constructs by] indirectly using indices that we believe reflect them."[45] I agree with Sloane, and would add that whenever anybody tries to scientifically measure one of these less "accessible" constructs like beauty for example, the results are not scientifically objective and therefore, not scientifically valuable. If one were to design a study comparing whether Fiji or Hawaii was a more beautiful tropical destination, the researchers could conduct as many surveys as they wished, and they could even come up with the statistical information to conclude that a larger number of people found Fiji to be more beautiful. But would their findings be considered scientific data? Because beauty is in the eye of the beholder (meaning that beauty is something different to each individual person), the findings cannot be considered as scientifically valuable. Religion is similar to beauty in that its meaning changes depending on the individual. The fact that Koenig came up with a clear and concise definition of religion does not make religiosity a

[45] Sloan, Richard P. *Blind Faith: The Unholy Alliance of Religion and Medicine* (New York: St. Martin's, 2008), 152.

construct that can therefore be measured for scientific reasons. Let us take a moment to consider just one of the definitions of religion that does not correspond with Koenig's definition.

Koenig includes in his definition of religion: "Belief in a Transcendent being known as 'God, Allah, HaShem, the Higher Power, Vishnu, Krishna, Buddha, or closely related to concepts such as Ultimate Truth or Reality.'"[46] The classification of the Buddha as a transcendent being in this definition differs greatly with the opinions of many scholars of Buddhism and the beliefs of many Buddhists themselves. In *Buddhism Beyond Beliefs,* Stephen Batchelor argues that, "[t]he Buddha was not a mystic. His awakening was not a shattering into a transcendent Truth that revealed to him the mysteries of God."[47] In this view, the Buddha is neither God nor even a mystic. Although he may be a being that was understood to have transcended the evils of delusion, ego, attachment, etc., he is not a being that transcends our human world as a God normally does. Batchelor goes onto say that a "Buddhist is someone who believes in the four propositions [of the Four Noble Truths.]"[48] The Four Noble Truths may be considered sacred, but they are not considered to be God or even the word of God. In these passages we see that according to Batchelor, the Buddha is not a God and that Buddhists do not believe in a God, yet he still considers Buddhism to be a religion.

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[46] Koenig, Harold G. *Spirituality & Health Research: Methods, Measurement, Statistics, and Resources* (West Conshohocken, PA: Templeton, 2011), 196.

[47] Batchelor, Stephen. *Buddhism without Beliefs: A Contemporary Guide to Awakening* (New York: Riverhead, 1998), 5.

[48] Ibid.

Although this is only one understanding of religion that differs with Koenig's understanding, it makes the point that religion is not a word that can be objectively defined, and therefore, religiosity cannot be scientifically measured. Although Batchelor's point is not to define what religion is, he explains to the readers that despite the fact that many Buddhists do not consider the Buddha to be a God, Buddhism is still considered to be a religion because it is based on the strong beliefs in four sacred propositions. Therefore, Batchelor's definition of religion is different from Koenig's, proving my point that religiosity is too subjective a term to be scientifically measured. If religiosity cannot be scientifically measured then all of Koenig's studies that compare the health of religious people with the health of nonreligious people are not convincing because they lack scientific significance.

The Handbook of Religion and Health (2001)

The Handbook of Religion and Health is Koenig's 700-page review of existing research on the relationship between religion and health. The back cover of this book writes that Koenig attempts to "offer the only comprehensive examination of the research in this burgeoning field…and lay a foundation for research, clinical practice, and collaboration between religious and health professionals in the twenty-first century."[49] It appears that Koenig's goal with publishing this book was to assemble a complete list of research studies thought to prove the health benefits of religious activity, with the intention of it supporting his theory. Richard Sloane states in his book, "What they have done instead is

[49] Koenig, Harold G., Michael E. McCullough, and David B. Larson. *The Handbook of Religion and Health* (Oxford: Oxford UP, 2001), cover.

show us definitively how incredibly weak the evidence actually is. The *Handbook* may not be gallant, but it certainly is enlightening."[50] By enlightening, I took Sloane to mean that this book sheds light on how poorly designed the studies are, how insignificant the findings are and most commonly, how poorly represented the data is. Through Koenig's constant misrepresentation of research studies throughout the book, he fails to make a convincing argument to support his theory.

Although in *The Handbook* Koenig offers us 700+ pages and three and a half pounds of evidence, most of the original studies he has reviewed have been altered by Koenig's misrepresentation of data. In several reviews, Koenig leaves out crucial information that was included in the original primary sources, which in turn makes Koenig's theory appear more legitimate and convincing than it is in reality. However, Sloane has seen and investigated the gaps in Koenig's reviews and has brought them to light for us.

One of the many examples of misrepresentations Sloane brings up in his book fully demonstrates the extent to which Koenig is misleading his readers. This study was about the differences in cardiovascular health between Rhode Island residents who were church members and those who were not. Koenig's tone and the information about the study that he chooses to leave in and take out give it the appearance that the study supports his claim that religious people are healthier. In Koenig's review he says,

> In recent years, a growing number of epidemiological studies have found a significant correlation between the degree of religious involvement and blood

[50] Sloan, Richard P. *Blind Faith: The Unholy Alliance of Religion and Medicine* (New York: St. Martin's, 2008), 137.

> pressure. In general, these studies suggest that individuals who report higher levels of religious activity experience a lower risk for hypertension [high blood pressure]… Lapane et al. (1997) surveyed two large population-based random samples of 2,442 and 2,799 persons in Pawtucket, Rhode Island. Investigators compared the health status of church members with that of nonmembers. While church members were more likely to be 20% overweight, 48% had never smoked (vs. 35% of nonmembers) and, after adjusting for other risk factors, the average diastolic blood pressure of the church members was significantly lower than that of nonmembers.[51]

In this excerpt we see how Koenig introduces the study as one that supports the theory of the connection between religion and better health, but in actuality the evidence in this study is not very strong. Koenig highlights that the average diastolic blood pressure and chance of smoking was lower for church members, but he does not address the higher tendency of church members to be overweight. Sloane notes that Lapane, the original author of the study, states in his article, "overall, we found that church members were not different from the non-members with respect to most cardiovascular disease risk factors. With the exception of cigarette-smoking status, [frequently attending] church members may actually have more adverse cardiovascular disease-risk-factor profiles."[52]

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[51] Koenig, Harold G., Michael E. McCullough, and David B. Larson. *The Handbook of Religion and Health* (Oxford: Oxford UP, 2001), 252-254.

[52] Sloan, Richard P. *Blind Faith: The Unholy Alliance of Religion and Medicine* (New York: St. Martin's, 2008), 136.

Therefore this example shows us Koenig's tendency to take a scientific study that originally did not support his theory and misrepresent it in such a way that makes it seem that it is good evidence.

This approach is unconvincing because it is extremely unprofessional not only in the medical world, but in every aspect of life to purposely misrepresent statistical information for the sake of trying to support one's own point. What makes matters worse is that because of the official appearance of this book, it has come to be accepted as the "last word" or even the "Bible" of religion and health, elevating Koenig to a position of authority in the field. Five out of the five book reviews I read that evaluation this book praise Koenig for achieving his goal written on the cover of the book to provide "the only comprehensive examination of the research in this burgeoning field."[53] James W Jones concludes his review by stating that the components of the book, "[a]dd up to a very

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[53] Cesaretti, Charles A. "Handbook of Religion and Health (Book)" review of *Handbook of Religion and Health*, by Harold Koenig, *Journal of Sex Education & Therapy* 26.4 (2001): 364, *EBSCO*, accessed February 14, 2012.

Cronin, Terence. "Handbook of Religion and Health (Book)," review of *Handbook of Religion and Health*, by Harold Koenig, *The Naval Safety Center's Aviation Magazine* 47.7 (2002): 138, *EBSCO*, accessed February 14, 2012.

Grossoehme, Daniel H. "Handbook of Religion and Health (Book)," review of *Handbook of Religion and Health*, by Harold Koenig, *Anglican Theological Review* 6th ser. 12 (2002): 798, *EBSCO*, accessed February 14, 2012.

Jones, James W. "Handbook of Religion and Health," review of *Handbook of Religion and Health*, by Harold Koenig, *The International Journal for the Psychology of Religion* 15.1 (2005): 95-96, *JSTOR*, accessed February 14, 2012.

Plante, Thomas G. "Handbook of Religion and Health by Harold G. Koenig, Michael E. McCullough, David B. Larson," review of *The Handbook of Religion and Health*, by Harold Koenig, *Journal for the Scientific Study of Religion* 40.4 (2001): 790-91, *JSTOR*, accessed February 14, 2012.

useful and virtually encyclopedic treat of this area." Although none of these reviews are published in well-respected medical journals, they demonstrate how professionals in this field (especially the religious ones) glorify this book to such an extent that it could be taken by many to be "the word." However, as we have seen and will continue to see throughout this paper Koenig's publications are surely not scientifically professional enough to be considered as the "last word" in the field of religion and medicine.

The Healing Power of Faith (1999)

The Healing Power of Faith contains much of the same information that is presented in *The Handbook of Religion and Health*, however it is presented in an extremely different format. This book is Koenig's "self-help" book, which includes much of the Duke team's research discoveries as well as many stories of Koenig's patients and their successes in health that were linked to religious faith, practices, and community. The back cover reads:

> Here you will meet the unforgettable patients who taught the doctors so much as they triumph over life-threatening disease, heartbreaking marital problems, dangerous addiction, and more. With simple, practicable methods for harnessing the power of faith, this potentially lifesaving book provides an astonishing and immensely effective strategy for healing.[54]

One can already tell by reading this that it is not aimed at medical professionals, but rather is written for an audience interested in alternative healing strategies. This is

[54] Koenig, Harold G. *The Healing Power of Faith: Science Explores Medicine's Last Great Frontier* (New York, NY: Simon & Schuster, 1999), cover.

probably why Koenig has chosen to include fewer scientific studies and many more anecdotes. I think that this is yet again another very weak and unconvincing approach of Koenig's.

Koenig's own personal experiences with his patients make up the majority of evidence that he uses to support his argument in this book. If one flips to the Table of Contents they would find titles of chapters including, "Religious People Live Longer and Healthier Lives," "Religious People May have Stronger Immune System," "Religion May Protect People from Cardiovascular Disease," as well as many other similar claims.[55] How does Koenig attempt to prove these tremendous claims? He does so by providing at least three stories in every chapter of patients he saw overcome their illness because of their undying, increased, or recently discovered faith in God. Yes, he uses the term "God" repeatedly in this book. An example of one of these stories is Laverne's story of her battle against arthritis, progressive atherosclerotic coronary artery blockage.

> For years, Laverne had been active in her church…she had always trusted in God to see her through physical illness and provide emotional strength during stressful periods. Her trusting faith, however, simply did not seem adequate to overcome this latest, and most severe, health crisis…With arthritis preventing conventional exercise and her water phobia ruling out use of the pool, Laverne's normal optimistic outlook narrowed. She began losing interest in church and spent more time alone in her condominium…Then one spring afternoon in 1993 as she parked her car in her building's basement garage after a shopping trip, Laverne

[55] Ibid., 9.

had a sudden insight. God had not withdrawn His interest in her life, or His protection. But she herself had to make an effort to make use of the grace.[56]

Since her realization, she overcame her fear of water, and started taking swimming lessons. Not only did regular swimming improve her cardiovascular health, but it also improved her arthritic knee. Koenig concludes her story with the sentiment, "At her last medical check-up, Laverne's physician studies the laboratory test printouts and EKG graph. 'You're much healthier than most people you age,' the doctor said with a smile. 'I didn't do it on my own,' Laverne replied, returning the smile."[57] The majority of stories Koenig includes in this book follow the same type of story line and contain the following three elements: 1) a sick and faithless person, 2) a moment of religious realization or revelation, and 3) recovery as a result of their faith.

The problem with these stories is not the question of whether they are true or not, but instead that they are anecdotes as opposed to evidence. Anecdotes are acceptable accounts of an individual's experience, but because scientific knowledge depends on observable and testable facts, they do not support scientific claims. Laverne's story may be a compelling anecdote showing that religious faith has cardiovascular health benefits, but until this information is investigated systematically in a large sample of people with heart disease, it cannot be considered a scientific claim. It may be that Koenig decided to provide these anecdotes in order to make it easier for the reader to understand and relate to information he tries to convey. However, the sheer amount of stories he provides and the repetition of the same exact storyline is excessive, unconvincing, and unprofessional.

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[56] Ibid., 188.

[57] Ibid.

I will also point out that in this book, Koenig repeatedly uses the word "God" and capitalizes words that refer to "God" such as "His, He," etc. It could be that this is either for the purpose of relating on a more personal level to a targeted Christian audience or that this is his own personal bias being exposed. Although I am not certain which of these it might be, the topic of bias is an important one in the discussion of whether Koenig's work are convincing or not, and will the main focus in my analysis of the next book written by Koenig.

The Healing Connection (2000)

The Healing Connection, Koenig's autobiographical work, is the fourth book I use to demonstrate the unconvincing nature of Koenig's argument. In this book, he tells a first person account of his life since birth exposing his Christian background, religious "falling-out," his return to religion, and how he has come to discover God's purpose for him in the world. Unlike in his other books, his tone is extremely religious, he quotes the Bible instead of citing scientific studies, and there appears to be no hesitation whatsoever in speaking from his heart. In other words, Koenig completely exposes his bias in this book. The examples provided below will demonstrate this.

The first part of this book is Koenig's telling of how religion played a role in his life in his younger years. As a child, he was raised in a Catholic family, went to a Catholic school, said the prayers, attended mass, but did not really contemplate the existence of God all that much. In high school he was much more concerned with schoolwork, sports, and social matters to worry about his faith in God. When he entered college he started to grow an interest in the eastern religions; however, this phase of his

life consisting of meditating, vegetarianism, and other practices associated with Buddhism and Hinduism ended shortly after he realized it wasn't suiting him well as a medical graduate student, and so he shifted his full attention to his studies and medical practice. When Koenig moved to Missouri for his residency and was living a more settled life, he began attending nearby churches every now and again for the comforting feeling they gave, but his focus was more on his medical practice rather than his religious practice. It was not until he picked up a copy of the *Living Bible,* a paraphrase of Christian scriptures, when he started to develop his deep Christian faith.[58]

After reading one of the passages from Isaiah in the *Living Bible*, his attitude towards religion, the practice of medicine, and his life purpose change completely. The passage from Isaiah 61:1-3 reads, "The Spirit of the Lord God is upon me, because the Lord has anointed me to bring good news to the suffering and afflicted. He has sent me to comfort the broken-hearted, to announce liberty to captives and to open the eyes of the blind. He has sent me to tell those who mourn that the time of God's favor to them has come…"[59] The response to this passage that Koenig wrote in his autobiography indicates that this was a major turning point in his career. He writes:

> *That's it!* To me the "suffering" and "afflicted" were my patients. Those struggling with broken hearts and darkness were the depressed…The captives were the chronically ill and disabled trapped in nursing homes…I identified with the passage so clearly and quickly that the thought hit me with the full force of

[58] Koenig, Harold G., and Gregg Lewis. *The Healing Connection: The Story of a Physician's Search for the Link between Faith and Science* (Philadelphia: Templeton Foundation, 2004), 13-69.

[59] Ibid., 70.

> certainty. *This is what I've been prepared and equipped to do. Those are the people God wants me to serve. I don't need to go around the world, my mission field can be right here at home among the elderly and those suffering depression as the result of complex medical conditions of chronic illness.* I had no doubt that this was my calling…it would be my way to serve Jesus.[60]

Throughout the book, Koenig's tone is clearly more personal and less professional than it is in his other books. In this passage, he completely surrenders his very scientific and nonreligious tone and exposes to his readers the true nature of his religious bias. If one were to look back at some of Koenig's other books one would find endless amounts of disclaimers where he rejects again and again any kind of religious agenda. In the *Healing Power of Faith* he states,

> My colleagues and I have avoided the delicate issue of the supernatural. For example, we don't try to establish the validity of faith healing, but we do investigate the therapeutic or healing power of people's religious faith. We certainly do not try to prove which religious or spiritual beliefs are more valid or correct in an absolute sense. Despite our differing individual faiths, we are scientists concerned with concrete data, not evangelists dealing with theological matters.[61]

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[60] Ibid., 71.

[61] Koenig, Harold G. *The Healing Power of Faith: Science Explores Medicine's Last Great Frontier* (New York, NY: Simon & Schuster, 1999), 23.

In addition, he even expresses his fears of being "branded as an 'unscientific' religious zealot."[62] If this were a real concern of his (which it should be if he wants to be taken seriously by other healthcare professionals), then why would Koenig include a passage like the one above in one of his publications?

Let me clarify that I am not trying to fault Koenig for having personal biases. Everybody has some kind of bias, no matter how neutral they may appear on the surface. In some cases, exposing one's personal biases can actually be beneficial to the person's argument. Unfortunately for Koenig, this is not one of those cases. In the world of science, bias threatens the validity of scientific claims. By exposing his bias, Koenig has painted an enormous target on his already evidentially weak theory. Coming from a religiously devout researcher, there is no doubt that Koenig's series of extreme medical claims about religion is a potential case of what has been named the Rosenthal effect.

The well-established bias called the Rosenthal effect, named after the Harvard psychologist, Robert Rosenthal, is when an experimenter's expectations can subtly but significantly influence the results of a scientific study.[63] Because we have now seen how big of a role religion plays in Koenig's life, it is easy to suspect that his expectations of proving the health benefits of religion may have skewed his scientific results. Koenig writes in his book that it was his calling in life to "embark on a career as a medical scientist to study factors that help people cope with chronic medical illness, [and] life stress associated with aging." [64] In this passage, it is clear that what he aims to study,

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[62] Ibid., 20.

[63] "Robert Rosenthal (psychologist)." Wikipedia, the Free Encyclopedia, accessed February 5, 2012. http://en.wikipedia.org/wiki/Robert_Rosenthal_(psychologist).

[64] Koenig, Harold G., and Gregg Lewis. *The Healing Connection: The Story of a*

religion, is something that he really believes can help people overcome their illness. If he believes so strongly in what he expects to find in his research, it would be *very* difficult not to influence the outcome of the study.

This exposure of Koenig's bias combined with his scientifically worthless anecdotes, his severe misrepresentation, and his unpersuasive explanation of how to measure religiosity in the four published book discussed above all contribute to one very poor and unconvincing argument for Koenig's goal of proving the health benefits of religion. The glossy covers along with his elongated reference sections may give a professional appearance, but as many of us were taught in our youth: you should never judge a book by its cover.

Why Koenig's Vision of an Improved Medical System Would Not Be Effective

As we now know well, Koenig's reason for conducting so many scientific studies on health and religion and writing so many books and articles on the matter stems from his wish to improve the medical system in such a way that the spiritual needs of the patients are met. It has also been made clear that Koenig believes that addressing the spiritual needs of patients will aid the patients' recovery processes and shorten their hospital stays. This is all mainly based on Koenig's claim of religion's health promoting qualities (which I've already argued is a weak and unconvincing one). But let us pretend for a moment that Koenig's research and publications were scientifically credible and valid. What if religion really did benefit patients' health? Would adding a religious history in

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Physician's Search for the Link between Faith and Science (Philadelphia: Templeton Foundation, 2004), 87.

the patient exam and offering more religious sources, more available chaplains, and the opportunity to pray with a doctor really help patients recover from their illnesses at a faster rate? In this section, I will discuss how effective Koenig's vision of an improved medical system would be in benefiting patients by looking at how it might affect religious patients, how it might affect non-religious patients, and will finish by addressing the question of what Koenig's actual motives are. First, I will evaluate whether Koenig's vision of a changed medical system would benefit religious patients.

I was able to conjure up a few reasons as to how in some very specific cases, Koenig's proposed method of taking a spiritual history might actually help religious patients. To reiterate, the point of taking a spiritual history is to gather information about the patient's spiritual needs so that the doctor can better cater to those needs. I can see how it could be very comforting for the religious patient to be able to freely express their religiosity and their spiritual needs during the religious history; however, actually addressing those needs is where it gets troublesome. For a liberal religious person (and by liberal, I mean more open-minded and accepting of theological diversity) the access to chaplains, a library of religious sources, services, and television programs, and the opportunity to pray with the doctor could be a wonderful and health-promoting addition to the medical system. However, for the less liberally religious people, this approach could potentially backfire, upsetting the patient and making their condition worse off.

People can be very particular when it comes to religious beliefs; they want to speak with *their* pastor*,* they want to recite *their* version of the prayer, they want to read *their* version of the scriptures. Typically the five religions recognized as major world religions are Christianity, Islam, Hinduism, Buddhism, and Judaism. In the 2007 U.S.

Religious Landscape Survey, 115 Christian affiliations were recognized as being significant contributors to the U.S. Christian population. Other sources claim there to be over 1500 different Christian groups existing in America today.[65] Although there is no statistical consensus on the actually amount of Christian affiliations, these numbers demonstrate the diversity that exists even within one major religion. It could therefore be extremely difficult to meet the wide-ranging needs of so many different affiliations. Problems arise when the denomination of the patient does not match with the denomination of the resources provided. What if the patient requests the doctor to say a prayer and the prayer is said the wrong way? In addition to not having their needs met, patients may even feel discriminated against if they find that resources of other denominations are offered while theirs are being neglected. As a result, this could cause more mental and emotional distress for patients in addition to the pain they are already experiencing from their illness, which would definitely not contribute to a faster healing. In addition, it could also be extremely difficult for a doctor who himself/herself is a religiously devout person to administer these steps in addressing others' spiritual needs. We must ask the question if it is really worth it to risk all these potentially harmful consequences.

Similarly, I think that Koenig's approach of addressing spiritual needs of patients could also be harmful to the health of non-religious patients because his ideas of including a religious history and religious resources excludes those who are not religious.

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[65] "U.S. Religious Landscape Survey." Religion in American Culture -- Pew Forum on Religion & Public Life, accessed February 9, 2012. http://religions.pewforum.org

As we saw in Koenig's example of a religious history above, the questions pertain exclusively to Koenig's definition of religion. The history would then determine that anyone who did fit into Koenig's definition of "religious" was "non-religious" and they would not be eligible for the religious services offered. Koenig does note that, "[a]s soon as the patient communicates [the message that they are not religious] to the HP, the spiritual history should take a different track…asking about how the person is coping, what gives life meaning and purpose in the setting of the current illness…[etc.]"[66] But then he does not go on to say how those nonreligious needs would be addressed or what nonreligious resources would be offered. If he is as genuinely concerned about those who do not consider themselves religious as he is about his religious patients, then why doesn't he have a whole book dedicated to meeting these other needs of non-religious patients as well? I would argue that whether a patient is religious or not, he or she has needs that medicine alone cannot accommodate. I find it inadequate that Koenig acknowledges this in this statement above, but then does not carry out a plan for nonreligious patients that is anywhere near as detailed as his plan for addressing the needs of his religious patients.

Does Koenig honestly believe that through all of his research efforts and proposed improvement that patients will actually experience faster recovery times? Some would argue that what Koenig is *really* trying to do is to convert his readers. In the last chapter of the *Healing Power of Faith* Koenig explains what he recommends people should do in order to achieve or maintain good health. For religious people he recommends that they

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[66] Koenig, Harold G. *Spirituality in Patient Care: Why, How, When, and What* (Philadelphia: Templeton Foundation, 2002), 45.

continue on their journey to find deeper faith in God. For nonreligious people, he recommends things like, "[k]eep an open mind to the existence of God," "consider attending church as a visitor," "read the writings of inspired people with deep faith," and "try reading religious scripture like the Torah." Even for "people who are simply not ready to consider religion [he advises them to] examine the behavior of truly religious/spiritual persons at [their] work place or among [their] neighbors. Try to emulate them….Honestly reexamine your personal experiences with religion."[67] He then provides a series of anecdotes that tell stories about patients who found health only after they turned to religion. We can compare these recommendations to his statement in *The Healing Connection* where he says, *"I don't need to go around the world, my mission field can be right here at home among the elderly and those suffering depression as the result of complex medical conditions of chronic illness* [italics in original text],"[68] and we can ask the question of what kind of mission Koenig is talking about. Is he referring to himself as a Christian missionary whose goal is to spread the teachings of Jesus, or is he referring to himself as a medical missionary whose aim is to care for the sick? The answer is uncertain. All that I can say is that I do not find Koenig's proposed methods adequate for attaining his stated goal of improving the healthcare system for the benefit of patients.

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[67] Koenig, Harold G. *The Healing Power of Faith: Science Explores Medicine's Last Great Frontier* (New York, NY: Simon & Schuster, 1999), 282.

[68] Koenig, Harold G., and Gregg Lewis. *The Healing Connection: The Story of a Physician's Search for the Link between Faith and Science* (Philadelphia: Templeton Foundation, 2004), 70.

CONCLUSION

To summarize the major ideas in this essay, I have discussed why Koenig thinks the medical system should be improved in order to address the religious needs of patients, how he can prove this through his research and published works, examples of how unconvincing and unprofessional Koenig's argument in his books are, and the reason why his theory would not be effective even if his research and books were convincing. In other words, my efforts in this paper have been dedicated purely to devaluing Koenig's theory. One may ask, why spend so much time studying a man that I only end up criticizing?

Initially, I was drawn towards his theory a year or so ago when I read a statement he made similar to the one he makes in the conclusion of *Spirituality & Health Research* where he says, "the ultimate goal of this research is to enhance human health and improve health care so that disease is prevented, diagnosed early, and managed successfully in a holistic manner that considers physical, emotional, social, and spiritual needs."[69] His use of the term "holistic" is consistent with the American Holistic Health Association's definition that they include in their website that states: "Holistic Health is actually an approach to life. Rather than focusing on illness or specific parts of the body, this ancient approach to health considers the whole person and how he or she interacts with his or her environment."[70] I completely agree with his motivation behind his

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[69] Koenig, Harold G. *Spirituality & Health Research: Methods, Measurement, Statistics, and Resources* (West Conshohocken, PA: Templeton, 2011), 405.

[70] "American Holistic Health Association (AHHA) - Holistic Health Article #1." *Holistic Health Resources | American Holistic Health Association*, accessed February 15, 2012, http://ahha.org/rosen.htm.

research; however, when I began my deeper investigation of his work, I came to realize how flawed his approach is. I agree with his call for a more holistic medical system including the physical, emotional, social, and spiritual needs of patients, but I do not agree with his focus on religion for addressing the spiritual component in patient's health. I agree with his beliefs that the only way to make a change in the medical world is by providing scientific evidence, but don't agree with his attempt to scientifically measure religiosity. However, in my opinion, the biggest flaw in Koenig's approach, which I have not addressed until now, is his failure to address the problem of the impersonal and cold atmosphere that exists in far too many hospital settings today. I have waited until this point in the paper to discuss this issue in hopes that it will leave a lasting impression on the reader.

Although Koenig addresses the physician/patient relationship briefly when he suggests that conducting a religious history will "send the patient the message that this deeper aspect of his or her identity is recognized and respected by his or her doctor," he fails to elaborate on the importance of the physician/patient relationship. It initially appeared to me that his main problem with the current medical system, the neglect of catering to spiritual needs, would imply a call for more face-to-face time spent with patients so that doctors would have the opportunity to address these needs and form a trusting physician/patient relationship; however, I have found the opposite to be true. It is evident that time efficiency is still a priority of Koenig when he says, "the questions should be brief and take only a few questions to administer. Brevity is a practical necessity, given the amount of time that the HP must gather during a medical history." (41) This passage makes it clear that Koenig wishes for his proposed improvements to fit

right into the rushed and rather impersonal schedule that currently exists in the medical world. Nowhere in his books does Koenig suggest the need for HPs to simply increase the amount of time spent in the office with their patient, to listen to the patient's full story, to treat them as a whole person rather simply a physical body.

The problem, in my opinion, is not that the spiritual needs of patients are being neglected; the problem is that everything except their physical needs are being neglected. How many time have you found yourself sitting on a cold examination bed in an uncomfortable paper grown for an hour, waiting for your doctor to poke and prod you for a mere ten minutes? How many times have you been misdiagnosed with a condition that you didn't actually have because the doctor failed to ask all the necessary questions? How many times have your found yourself taking a medication that the physician failed to thoroughly explain to you? Yes, spiritual needs are being neglected in patient care; however, in more cases than not, emotional, mental, social, and so many other needs are being neglected as well because of the pressures of time-efficiency, and as a result, the diagnosis and treatment of patients' conditions are not as accurate as they could be.

Although I understand HP's desire to be able to see and treat as many patients as they can in a day, I do not think that this method is as effective in benefiting the health of patients as it in making money. Unfortunately, most hospitals today use the fee-for-service (FFS) payment model, where doctors are paid for each prescription they write and each procedure they perform. This then gives physicians the incentive to see the greatest number of patients, thus reducing the amount of time they spend with a single patient.[71]

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[71] Mahar, Maggie. *Money Driven Medicine: The Real Reason Health Care Costs so Much* (New York: Collins, 2006), 12.

Because the time spent with each patient is so limited, the physician has no choice but "to cut to the chase" and address the patient's chief complaint, which is in most cases, a physical complaint. In my ideal medical world, physicians would be paid as they are at Veterans Affairs Hospitals, which is on a salary basis.[72] This would then allow the physician to spend however much time is needed to look at the patient's whole health, including spiritual, emotional, physical, mental, social, and environmental factors. It is my belief that if physicians spent more face-to-face time with each patient, the rate of faster recoveries would greatly increase because more accurate diagnoses would be made and more proper treatments would be prescribed. Dr. Mimi Guarneri agrees with this sentiment in her book, *The Heart Speaks.*

Dr. Mimi Guarneri, MD FACC, board-certified in cardiology, internal medicine, nuclear medicine and holistic medicine, and the founder and medical directors of the Scripps Center for Integrative Medicine (a holistic medical center), wrote this book in the hopes of promoting a "more compassionate medicine"[73] She expresses how even medical school is designed to be extremely time-demanding, fast-paced, and stressful in order to prepare the students for the time-demanding, fast-paced, and stressful environment that exists in most hospitals and medical offices today. In her book she elaborates on this issue saying,

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[72] Whittle, Jeff, Joseph Conigliaro, C. Good, and Richard P. Lofgren. "Racial Differences in the Use of Invasive Cardiovascular Procedures in the Department of Veterans Affairs Medical System," *New England Journal of Medicine* 329.9, 1993, 621.

[73] Guarneri, Mimi. *The Heart Speaks: a Cardiologist Reveals the Secret Language of Healing* (New York: Simon & Schuster, 2006), 189.

> The pressure of today's health care system to maximize productivity by seeing more patients in less time often causes physicians to focus their attention on technical areas, depriving patients of the chance to tell their stories. Since the real reason for a patient's visit may not be revealed until he has brought up two or three ancillary items, this is a crucial issue.[74]

Because patients are rushed in and out of the doctor's office, it is very rare that patients have a chance to tell the doctor every detail that should be known about his or her medical problem. This contributes to the problem I stated above about how it is not uncommon for doctors to make a wrong diagnosis and prescribe the wrong treatment too early on, because of the simple fact that they hadn't heard the patient's full story. I think physicians would be more time efficient as well as a more efficient in successfully treating patients if they simply dedicated more time with each patient and expressed a bit more concern for their well being.

I therefore close this paper having exposed my honest feelings about what changes I think need to be made in order to benefit the health of hospital patients. The change I would like to see in the medical system is one with a slower, more relaxed pace, one where the doctors take the time to look at their patient in the eyes, call them by his or her name, and take the time to sit down and listen to the patient's full story. In my eyes, this would produce many more benefits in patient care than a 2-minute religious history would result in. Fortunately for me, doctors by the names of Dr. Mimi Guarneri, Dr. Esther Sternberg, and Dr. Gabor Mate or only a few of the many doctors who are

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[74] Ibid., 192.

currently conducting research on this topic and publishing their evidence in a much more professional and convincing way than Koenig demonstrates.[75]

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[75] Guarneri, Mimi. *The Heart Speaks: a Cardiologist Reveals the Secret Language of Healing* (New York: Simon & Schuster, 2006).

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