Key Points

1. Most research on health and religion has focused on patients facing a terminal illness, such as cancer
2. Some research has indicated that religion and spiritual beliefs can have a positive impact on general health and recovery from illness
3. Study used questionnaires to examine the relationship between chronic pain and religion/spirituality in 122 pain patients
4. Found that pain patients had less desire to reduce pain/suffering in the world and felt more abandoned by God
5. The longer someone was in pain, the less forgiving they felt and the less support they felt they got from organized religion
6. The poorer a patient's physical health was, the more they engaged in private religious practices
7. Overall study shows that chronic pain can influence religious/spiritual beliefs and practices

Table 1

Questionnaires Used In Study

Modified Brief Multidimensional Measure of Religiousness/Spirituality

- 38 questions to assess 9 areas
- Daily spiritual experiences
- Values/beliefs
- Forgiveness
- Private religious practices
- Religious and spiritual coping
- Religious support
- Organizational religiousness
- Religious Preference

Chronic Pain Influences Religious & Spiritual Beliefs

October 15, 2005 -- Those affected by Chiari often talk about the condition impacting every facet of their life: physical, mental, emotional, social, economic, and even spiritual. Not that they needed any validation regarding the broad impact of Chiari, but a recent study led by Dr. Elizabeth Rippentrop at the University of Iowa, and published in the August, 2005 issue of Pain, found that chronic pain does in fact have an effect on religious and spiritual beliefs and practices.

While some research has indicated that religious beliefs can positively impact general health and recovery from illness, much of the research into the religion and health has focused on people facing an end of life situation, such as due to cancer. Dr. Rippentrop's team felt that people dealing with pain over a long period of time may have different experiences than those with a terminal illness. As with Chiari, many chronic pain sufferers struggle with keeping jobs and their families intact, and face a long, protracted battle.

Limited research to date in this area has produced mixed results. While it seems obvious that many people rely on their religion as a way to cope, the Iowa based research team wanted to explore whether religion and spirituality were directly related to mental and physical health.

To accomplish this, they recruited patients with chronic musculoskeletal pain who had appointments with either an orthopedic surgeon or a physiatrist (a doctor of physical medicine). If they agreed to participate, the patients were given a number of questionnaires to fill out while they waited for their appointment. The surveys (see Table 1 in sidebar) assessed religion and spirituality, general health, pain, interference with life due to pain, and demographic information.

In total, 122 patients agreed to participate and completely filled out the questionnaires. The group was comprised of slightly more women then men, and on average were middle aged. More than a third of the respondents had been in pain for longer than three years, with the majority suffering from back pain. Thirty-five percent were on some type of disability, 15% were involved in some type of legal action, and only 30% were employed.

As part of this study, the patients were asked their religious preference (see Table 2). Although the majority answered Christian, there also was a diverse representation, ranging from Catholic, to Pentecostal, to Hindu and mystical.

To assess religion and spirituality in more detail, the researchers used a questionnaire designed by an expert panel of the National Institute of Aging. The survey assumes that religion is multi-dimensional in nature and tries to measure a number of different.htmlects of it, such as private practices (prayer), support from organized congregations, forgiveness, and values/beliefs. One reason they chose this survey is because it has been used in the general population to establish norms (or how a typical person would respond) for each question, thus providing a basis for comparison with the pain group.

When they examined the responses to the religion questionnaire, and compared the pain group's responses to the established norms, they found two questions which were answered differently. Specifically, those in the pain group reported less of a desire to reduce world pain than the healthy average. Also, the pain group had a higher score on the belief that God had abandoned them. With the other questions, there was no significant difference between the groups.

Next, the team looked at the relationship between all the different surveys used. In analyzing how the pain patients responded regarding religion, pain, interference, and health, they found that the longer someone had been in pain, the less forgiving they tended to be, and the less support they felt from organized congregations. The authors speculate that this result is due to people becoming bitter and angry and essentially giving up hope that they will get better.

Interestingly, the team also found a relationship between overall physical health and the use of private religious practices, such as prayer or meditation. Specifically, the worse a person's physical health, the more they engaged in private religious practices. Although previous research has tended to show that religion is related to better health, this result may indicate, according to the authors, that as a person's health declines they turn more to their faith for comfort.

Apart from the physical, the study found that a better mental health status among the pain patients was related to more daily spiritual experiences, forgiveness, and support from a congregation. Similarly, poorer mental health was related to what were termed negative religious religious coping, such as feeling punished or abandoned by God. Finally, patients who described themselves as being very religious or spiritual enjoyed better mental health than those who described themselves as being not religious.

- Overall self-ranking

SF-36

- Widely used health assessment tool
- 36 questions to assess 8 areas
- Physical functioning, limitations due to physical health, bodily pain, general health, vitality, social functioning, mental health, limitations due to emotional problems

McGill Pain Questionnaire

- 15 word descriptors which measure subjective pain
- Produces 5 scores, but for this study, only total pain score was used

Multidimensional Pain Inventory Interference Scale

- Measures pain related life interference
- 7 point scales assess interference from pain in vocation, family/marital, and social/recreational

Demographic Information

- Collected data on age, race, gender, education, size of town/city, disability/compensation, cause of pain, location of pain, duration of pain, employment status, and involvement in legal actions

Source

Rippentrop EA, Altmaier EM, Chen JJ, Found EM, Keffala VJ. The relationship between religion/spirituality and physical health, mental health, and pain in a chronic pain population. Pain. 2005 Aug;116(3):311-21.

Religious beliefs and actions are a complicated, deeply personal subject, which can make it difficult to adequately explain research findings and draw wide-reaching conclusions. However, the results from this study do indicate that chronic pain can have a strong influence on religion and spirituality, and vice versa.

Table 2
Indicated Religious Preference (122 People)

Preference	Number
Christian	88
Assembly of God	1
Baptist	6
Catholic	22
Episcopalian	2
Lutheran	12
Methodist	14
Non-denominational	2
Pentecostal	3
Presbyterian	6
Protestant	4
Reformed	1
United Church of Christ	2
Hindu	1
Jehovah's Witness	1
Mormon	1
Mystical	1
None	10
Transcendental Meditation	1
Unitarian	1
No Response	18

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