

## BOOK REVIEWS



**Michael J. Balboni and John R. Peteet, eds., *Spirituality and Religion within the Culture of Medicine: From Evidence to Practice* (Oxford: Oxford University Press, 2017), 419 pp.**

In the last few decades there has been an impressive proliferation of articles and books on the intersection of religion and medicine. Published a decade apart, Harold G. Koenig et al. have produced two editions of the *Handbook of Religion and Health* (2001, 2012) that have summarized current research on topics ranging from religion and mental health to religion and physical disorders. The first edition reviewed over 1,600 studies, and the second summarizes the numerous research publications that appeared during the intervening years. The current volume under review, edited by Balboni and Peteet (both at Harvard Medical School), frequently cites the handbooks just mentioned and is a member of this same genre. The main theoretical question addressed is the degree of relevance of religion and spirituality (R/S) to medical care.

The twenty-two chapters are divided into three parts: Introduction; Part One: “Religion, Spirituality, and Medical Subspecialities” (thirteen chapters); Part Two: “Scholarly Disciplinary Perspectives” (seven chapters); and Part Three: “Synthesis and Integration” (one chapter). In the introduction the editors discuss, but do not resolve, the debate between the interplay of religion and spirituality. The first part addresses the disciplines of obstetrics and gynecology, pediatrics, family medicine, psychiatry, internal medicine, surgery, oncology, palliative medicine, intensive care, medical ethics, medical education, and nursing. Part two considers psychological, sociological, anthropological, legal, historical, philosophical, and theological perspectives.

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Of the thirty-seven contributors, nine are from Duke University, most are physicians, and eleven (30 percent) are women. The authors are to be commended for their excellent work in summarizing vast amounts of literature, recommending best practices, and proposing areas for future research. This volume offers a valuable service for both clinicians and others since most would not have the opportunity to review the relevant articles themselves. For readers whose primary interest is learning about best practices, making their way through the summary and analysis of study after study may seem tedious. As might be expected with the number of authors involved, there is the inevitable repetition of key articles cited and recommendations made. Nonetheless, it is important to keep in mind Dan G. Blazer's assessment: "The empirical study of R/S has become mainstream within the medical literature, and our understanding of the association between R/S and mental health has been greatly enhanced by these studies" (74).

Given the editors' conviction that "physicians' practice cannot be separated from physicians' spiritual commitments" (7) and Blazer's identification of "the potential for countertransference given that all clinicians bring spiritual or anti-spiritual values into the clinical encounter" (75), it is surprising that the contributors do not identify or reflect on their own personal R/S perspectives and how these may affect their interaction with patients when such issues arise.

Several authors note what has now become axiomatic, namely, that communal forms of religious participation lead to lower levels of depression, increased longevity, decreased likelihood of suicide, and desirable physical and mental health. Further study is needed, as is pointed out, to ascertain to what extent the social support received at religious gatherings versus religious practices in and of themselves contributes to quality of life indicators (see p. 370). In chapter 10 on palliative care, much of the research cited deals with this topic as it relates to cancer and end-of-life considerations. The question arises about the role of R/S for those receiving palliative care for chronic or episodic pain not related to the end-of-life scenario. Also, as is pointed out, insufficient attention is given to the role of physicians addressing the religious needs of adolescents.

Among best practices, several authors highlight the importance of compassionate presence, attentive listening, offering support, and inquiring about a patient's R/S values and practices in history-taking. Not all would agree with Koenig's recommendation that physicians "pray for the patient"

(123), which seems to be one of his best practices. Another best practice is that clinicians familiarize themselves with the literature on the interface between R/S and health. Working through this volume would be an important step in that direction.

Among the multiple recommendations for future research are (1) identify R/S characteristics that improve coping with mental illness, (2) identify structural ways to gauge the quality of spiritual care, (3) determine the specific aspects of religious participation that result in specific health outcomes, and (4) provide sufficient training in medical education to increase competency regarding spirituality and health (for the *status quaestionis* of this recommendation, see table 13.2, pp. 202–3).

Closer editorial oversight would have resulted in the authors using a consistent method for organizing bibliographical references (some are alphabetical but others are sequential based on the order the references appear in the text). Among the relatively few errors noted are the inaccurate references to Popes John Paul II (32) and Paul VI (33). Curiously, the date for Benedict of Nursia (d. 547) is listed as 1981 (352).

I recommend this volume as a valuable resource for all clinicians, including chaplains, CPE certified educators, and CPE students.

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