

**Faith, Medicine,
and Science**
A Festschrift
in Honor of Dr. David B. Larson

Jeff Levin, PhD, MPH
Harold G. Koenig, MD
Editors



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Preface

The late Dr. David B. Larson was a principal figure in the development of the religion and health field within academic medicine and public health. Along with the two of us, and several others, Dave was instrumental in the establishment of the field, its fertile growth and expansion, and what is coming to be its mainstream acceptance. But while we focused on our own scholarly careers, Dave devoted himself tirelessly to the work of field building. That the religion and health field is indeed a *field* is mostly Dave's doing. In fact, it would not be an exaggeration to state that the heightened awareness of the health effects of religious faith and participation among both clinicians and the lay public and the institutionalization of coursework on religion and spirituality within undergraduate and graduate medical education are owed in large part to Dave's vision and efforts.

When Dave died on March 5, 2002, at the age of fifty-four, the religion and health field lost its greatest proponent. As founding president of the International Center for the Integration of Health and Spirituality (ICIHS), formerly the National Institute for Healthcare Research, Dave sponsored conferences, symposia, research monographs, medical education funding programs, a speakers' bureau, and media outreach that served to raise faith-based issues to a prominent place in the consciousness of health professionals, biomedical researchers, social and behavioral scientists, journalists, and laypeople. The work of Dave and his beltway-based think tank extended considerably beyond promoting the role of faith in health and health care. He explored the impact of religious faith and identity on a wide swath of social issues, including criminal behavior, substance abuse, mental illness, juvenile delinquency, reproductive decisions, marital satisfaction and family functioning, and quality of life.

In putting together *Faith, Medicine, and Science*, we seek to honor the memory of our friend and colleague, and, more important, to document Dave's sweeping and encyclopedic contributions to science, medicine, and society. This book will serve both as a festschrift for Dave and as a permanent record attesting to the powerful role of reli-

gion, spirituality, and faith in God as potential resources for good in the lives of human beings.

Many people have generously devoted their time and energies to the production of this book. Festschrift books are not typically best-sellers, and so to keep expenses down this book was created without any budgeted funds. All of the nearly three dozen contributors offered their glowing words about Dave gratis, without any honoraria. Susan Larson's Oskar Pfister Award address and her essay about life with Dave are beautiful tributes to her late husband; words cannot express our gratitude for her generosity in allowing us to include these in this book. Likewise, our sincere thanks go to Dave's children, Chad and Kristen, whose beautiful eulogies to their father are also included. Tom Smith, Roz Brown, and Mary Milano, Dave's colleagues at ICIHS, were of invaluable assistance to us in so many ways, beginning when this book was just an idea and continuing through the writing, editing, and publishing stages.

The publisher of *Faith, Medicine, and Science*, The Haworth Press, graciously went ahead with this project despite a presumably limited audience. We would like to acknowledge the support and help of several people at Haworth. First, we owe a debt of gratitude to the publisher Bill Cohen, who agreed to publish the book and encouraged us throughout. We also thank Vice President of Publications Bill Palmer and his staff, Robert Owen, Amy Rentner, Rebecca Browne, Jillian Mason, Katy Kempf, and Peg Marr, for all of their help in preparing the manuscript and getting it into production. This book could not have been published without key contributions from each of these people. Their generosity, helpfulness, and patience are deeply appreciated.

Finally, we, the editors, have paid for our time and work on this project out of pocket, and are donating all royalties to an annual lecture fund named in Dave's honor at Duke University Medical Center. Every year forthcoming, the David B. Larson Memorial Lecture in Religion and Health will be given on March 5, the anniversary of Dave's passing, supported by the proceeds from *Faith, Medicine, and Science* and by the generosity of individual donors. The first Larson Memorial Lecture, "Religion, Health, and Healing: Controversies, Crossroads, and Cutting-Edges," was delivered in 2003 by Jeff Levin, one of the editors of this book. The other editor, Harold Koenig, is in charge of the lecture series, which is sponsored by the Duke Univer-

sity Center for Spirituality, Theology, and Health, for which he serves as director.

Both of us owe more to Dave Larson than we could ever fully detail. Less than twenty years ago the entire religion and health field was basically the three of us, and sometimes a few others, huddled together in a corner somewhere at various professional meetings. More soon followed, but we always felt a sort of unspoken kinship as the only three researchers reckless enough to actually devote our entire career to this field. Dave's passing is not only a devastating loss to medicine and science, to his colleagues, and to his family and loved ones, but to us personally, leaving us with a uniquely felt professional loneliness. That gap is unfilled. More than ever, our resolve is steeled to go forth and honor Dave's commitment by picking up where he left off and redoubling our efforts to spread the message that became the implicit byword of his life's work: faith matters.

I (Jeff Levin) would like to thank my beloved wife, Lea, for the blessing of her love and support as I took on the challenge of compiling this book. Also, I owe a great debt of gratitude to Harold Koenig for taking time from his incredibly full schedule to work with me on this project. It might come as a surprise to others in the field, but *Faith, Medicine, and Science* is the first collaboration of any type that Harold and I have ever published. That this belated venture should occur in a book honoring Dave Larson is only fitting. Finally, I offer thanks and praise to Almighty God for, to paraphrase the *shehecheyanu* prayer, giving me life, sustaining me, and enabling me to take part in this special project.

I (Harold G. Koenig) would like to thank Jeff Levin for his concept for this book with which he approached me shortly after Dave's death. It is such a privilege to be collaborating with Jeff, who has a gift for writing and power of expression that few possess, and is primarily responsible for crafting and editing *Faith, Medicine, and Science*. I immediately recognized that compiling this book was not only what we ought to do, but what we *must* do to honor this giant of a man. We both loved David and owe him more than mere words can ever express. He single-handedly opened doors that enabled us to pursue our dreams. Without Dave, those dreams could not have be-

come a reality. Dave served God by serving others and sometimes sacrificed himself in the process: What greater legacy could anyone leave? I thank God for Dave and take comfort in knowing that now he is reaping his reward for that life of service.

Chapter 1

Faith Matters: Reflections on the Life and Work of Dr. David B. Larson

Jeff Levin
Harold G. Koenig

INTRODUCTION

Scholarly writing on the interface of religion and health is not a new development. While recent epidemiologic and clinical research studies have attracted the attention of scientists, physicians, and the popular media, discourse on the important connections between religious faith and religious institutions, on the one hand, and medicine, the healing arts, and the promotion of health, on the other, have been ongoing for more than a century. Published work in many fields, including psychology, pastoral care, psychiatry, and the history of medicine, has explored the valuable functions served by personal and collective expressions of religiousness for the advancement of mental and physical health and for the establishment of caregiving institutions and organizations.

Historians of medicine, science, and religion have documented in great detail the long-standing interconnections between religious and healing institutions. Discourse on matters related to human physiology, health, and medical treatment has always occupied a central place in both canonical and noncanonical writing within respective faith traditions,¹ and religions and religious organizations were the earliest sponsors of medical care institutions. Within the past two decades, several scholarly works have detailed these connections that have existed throughout recorded history between medicine and organized religions, East and West. Macmillan's two-volume *Caring*

*and Curing*² and *Healing and Restoring*³ comprehensively detail this rich heritage of attention to health, healing, and medicine within Judaism, nearly twenty denominations of Christianity, and a dozen of the world's other religious traditions.

Among Western religions, renewed attention has focused on religion-health and religion-medicine linkages. The Park Ridge Center for Health, Faith, and Ethics sponsored a series of monographs titled, "Health/Medicine and the Faith Traditions," which explored these connections within several major Christian denominations and Judaism.⁴ In the Jewish tradition, especially, religious and medical authorities have written about the indivisibility of religion and medicine for centuries. Maimonides, for example, was a physician as well as a philosopher, and his writings on Jewish perspectives on the body, on health, and on medicine have been studied by scholars for more than 800 years.⁵ In that time, a library of academic and popular writing on these topics has appeared, ranging from erudite commentaries on *halakhah* (or Jewish law) to *midrashic* commentaries to kabbalistic speculation. Most notable is Preuss' classic *Biblical and Talmudic Medicine*,⁶ a 600-page compilation of biblical texts and commentaries organized like a medical textbook, which was translated into English by Rosner and republished in the United States and Europe.

Within Christianity, especially American Protestantism, the early to middle twentieth century witnessed the beginning of scholarly discussion of mental health, health care, and healing by prominent figures in the Christian pastoral counseling field. Important books include Hiltner's classic *Religion and Health*,⁷ Oates' *Religious Factors in Mental Illness*,⁸ Wise's *Religion in Illness and Health*,⁹ Crowl-Smith's *Religion and Medicine*,¹⁰ and McCann's *The Churches and Mental Health*,¹¹ among many others. This work drew upon, and grew out of, earlier writing at the interface of medicine, psychology, and Christian theology that sought to identify etiologically and therapeutically significant factors in the religious life of Christians. This writing comprises the beginnings of what has come to be known in the clinical pastoral field as the "religion and health movement." Notable works in this genre date from Brigham's *Observations on the Influence of Religion upon the Health and Physical Welfare of Mankind*,¹² in the nineteenth century, to Worcester and colleagues' *Religion and Medicine: The Moral Control of Nervous Disorders*,¹³

Weatherhead's *Psychology, Religion and Healing*,¹⁴ Walsh's *Religion and Health*,¹⁵ and Holman's *The Religion of a Healthy Mind*.¹⁶

The latter work, and others in that vein, owe an obvious debt to philosopher William James, who contrasted the religion of "healthy-minded" and "sick-minded" souls in his *The Varieties of Religious Experience*,¹⁷ a seminal work in psychology. James was by no means alone among early psychologists and psychiatrists in considering the value of religion and personal religiousness for human well-being. Freud, while antipathetic toward religious beliefs, nonetheless recognized their salience, for better or worse, for the psychological well-being of individuals.¹⁸ Among psychiatrists, Jung¹⁹ and Fromm²⁰ recognized the potentially salutary role of a religious outlook on life and of humanistic (as opposed to authoritarian) religion, respectively. Among psychologists, Allport²¹ hypothesized that intrinsic religion serves an integrative function and thus benefits mental health, and Maslow²² proposed that transcendent experiences (defined as peaks or plateaus of unitive consciousness) are more common among emotionally healthy individuals.

Despite the historically well-documented connections between religion and health and religion and medicine, and despite the traditions of writing on this topic within Judaism, Christianity, and psychology and psychiatry, as just noted, scholarly momentum waned by the late 1950s. This is not to say that nothing of importance was published during that period. Interesting symposia proceedings,²³⁻²⁴ committee reports,²⁵⁻²⁶ histories,²⁷ and edited books²⁸ and readers²⁹ and important scholarly works such as theologian Paul Tillich's classic essay on "the meaning of health"³⁰ continued to appear. But absence of a concerted collective effort to explore, empirically, the interconnections of religion, health, and medicine seemed to mirror the contemporaneous drought of academic writing in the psychology of religion.³¹

By contrast, another scientific field, gerontology, since its inception had paid considerable attention to religion and its ability to influence human lives for the good. Gerontology, the study of older adults and of the aging process throughout the life course, is a multidisciplinary field, and gerontological research typically has an applied or practical life focus. Accordingly, some of the earliest empirical studies in social gerontology, namely the stellar pioneering research of David O. Moberg³² in the early 1950s, examined the impact of religion on the general well-being of older adults. Small-scale studies on

this topic continued to appear over the next three decades,³³ but, as in psychology, systematic investigation was lacking.

Throughout this writing in gerontology, psychology, psychiatry, and other fields, once in awhile a published article or book would make reference to an actual empirical study of the putative effects of religion on physical or mental health. Such studies, it was presumed, were few and far between, and they were eagerly cited as evidence that a connection between religion and health might not only exist in theory but be empirically supported by data.

A few groups of epidemiologic studies garnered occasional attention through the years, according to a comprehensive review by Levin and Schiller.³⁴ These included investigations of rates of cancer and of colitis and enteritis in Jews, mortality patterns in the clergy, the morbidity of Parsis, Protestant-Catholic-Jewish differences in occupational-related morbidity, and the health of Latter Day Saints and Seventh-Day Adventists. Earlier epidemiologic reviews, as well, had included discussion of religious exposures as factors in morbidity or mortality, notably Kennaway's "The Racial and Social Incidence of Cancer of the Uterus,"³⁵ one of the finest review papers ever published in epidemiology.

Within psychiatry, likewise, a few studies of religious differences in certain disorders had become somewhat well known. An entire chapter of the book reporting on the famous Midtown Manhattan Study, published in 1962, documented differences in a variety of prevalence rates among Protestants, Catholics, and Jews by religious origin, parental religious-group identification, and parental religiosity.³⁶ An earlier study, published in the *American Journal of Psychiatry* in 1954, identified similar religious-affiliational differences in a variety of psychiatric diagnoses.³⁷ Enough of this kind of research and writing had accumulated by 1980 that the National Institute of Mental Health (NIMH) was able to publish *Religion and Mental Health: A Bibliography*.³⁸

This type of research among epidemiologists and psychiatrists took its cue from some of the key pioneers of Western biomedicine. Benjamin Travers, an early British surgeon, first noted differences in rates of cancer between Jews and gentiles,³⁹ in 1837. John Shaw Billings, founder of *Index Medicus*, published one of the earliest epidemiologic studies of religious affiliation, in 1891.⁴⁰ William Osler, the father of U.S. medical education and instrumental in the establish-

ment of the medical school at Johns Hopkins University, offered reflections on “the faith that heals,”⁴¹ in 1910. The American Medical Association’s official journal, *JAMA*, published an outstanding three-part series of articles on the topic of “religious healing,”⁴² in 1926. But, again, as in other fields, systematic empirical exploration of a possible religion-health association appeared to have entered a state of limbo for the next several decades.

Throughout that time, a few thoughtful efforts were made to summarize existing findings and/or make sense of their meaning. Beginning in the middle 1970s, several prominent scholars and scientists, having encountered bits of this body of research and writing, sought to interpret and understand just what it was about religion that might be health promoting. Some of these reviews and theoretical papers made vital contributions and continue to be cited to this day. These include Vaux’s⁴³ comprehensive effort to identify aspects of religious belief and practice that influence health-related behavior, Vanderpool’s discussions of the possible “therapeutic significance” of religion⁴⁴ and of six major areas of interaction between religion and medicine,⁴⁵ Kaplan’s⁴⁶ conceptual exploration of “the relevance of religious experience to heart disease,” Bergin’s⁴⁷ data-based “critical reevaluation” of the salutary role of religion for mental health, and Frank’s⁴⁸ revisiting of Osler’s “faith that heals.”

DAVE LARSON, THE PIONEER

Aside from this handful of articles and books, there things sat for decades, until the middle 1980s when three scientists almost simultaneously—and completely independently—began to uncover, review, and write about existing studies of religion and health programmatically. One was an epidemiologist, one was a physician, and one was both. These three individuals were the two editors of this book and Dave Larson.

Contrary to popular presumptions, we discovered, much research had been done. An almost unbelievable amount of research, to be blunt. Despite commonly heard assertions that “nothing had ever been done” in this area, we found quite the opposite. The total included a couple of hundred epidemiologic studies of religion, as summarized in the Levin and Schiller review mentioned previously; an-

other couple hundred studies of religion in psychiatry,⁴⁹ and nearly 300 scholarly publications about religion on topics related to aging, geriatrics, and clinical medicine.⁵⁰ According to another review of some of these studies that appeared about the same time,⁵¹ the scope of published research on religion's impact on morbidity and mortality was broad, to say the least: studies had been conducted among Protestants, Catholics, Jews, Muslims, Seventh-Day Adventists, Latter Day Saints, Parsis, and Hutterites, among others, and in the general population. Oddly, epidemiologists and physician researchers, who had authored most of this work, seemed especially oblivious and dismissive.

Our responses to this treasure trove of information were quite different. One of us wrote detailed literature reviews, offered methodological critiques of existing studies, and developed a model of alternative theoretical explanations for findings, while conducting original empirical work among ethnic minority populations emphasizing the use of sophisticated social and epidemiologic research methods. Another of us emphasized the study of clinical populations and geriatric patients with medical and psychiatric illness, while producing two dozen books for clinicians, mental health providers, pastors, and laypeople, mostly written from a Christian perspective, and also establishing an academic center at Duke University. The third pioneer sought no less than to build a field from scratch—a network of clinicians, educators, and scholars from fields as diverse as medicine, nursing, public health, the social and behavioral sciences, religious and theological studies, ministry, bioethics, and the humanities—and to facilitate and promote the research and writing of all involved.

The first two people mentioned previously are the two of us, Jeff Levin and Harold Koenig; the third is Dave Larson. Although we would like to fall back on the scientist's conceit that the growth and institutionalization of the religion and health field are a direct result of our early research and of the outstanding studies by those others who have since taken up the call, the plain truth is that these efforts simply cannot account for all that has followed. As mentioned in the preface to this book, the fact that the religion and health field has indeed become a field is owed mostly to the vision, commitment, and single-minded dedication of Dave Larson. It is a sign of Dave's humility that, more than likely, he would vigorously protest this charac-

terization and would attribute the emergence and growth of this field entirely to others and to God's grace.

Dave's curriculum vitae (see Chapter 16) details a remarkable, and strange, career trajectory. Twice in his professional life he radically changed course, undeterred, taking a huge leap of faith in order to pursue his dreams. First, in the early 1980s, he gave up a successful academic career for government service, leaving Duke University to enter the Public Health Service as a commissioned officer and to work in various policymaking and administrative capacities for the Department of Health and Human Services (DHHS), including stints at both the National Institutes of Health (NIH) and the NIMH. Nearly a decade later, in 1991, he founded the National Institute for Healthcare Research (NIHR), and in 1993 he left the government to serve full-time as NIHR's president, remaining there until his passing in 2002. Yet despite nearly two decades of only adjunct appointments in academic medicine, Dave's scholarly output exceeded almost everyone else in the religion and health field.

Dave and the two of us have several unusual shared connections. Each of us is part of the extended Duke University family. Dave came to Duke in 1974, completed his postgraduate work in psychiatry in 1977, followed by a postdoctoral research fellowship in 1979 and a clinical geropsychiatry fellowship in 1981, and then joined the faculty, rising to the rank of Adjunct Professor in 1985. Harold Koenig came to Duke in 1986, where he subsequently trained in geriatrics, biometry, psychiatry, and geropsychiatry, and has been a faculty member since 1992. Jeff Levin came to Duke in 1977 and is an alumnus of both the religion and sociology departments, class of 1981. Dave and Harold also have the additional connection of both being psychiatrists. Dave and Jeff have an additional connection as well: both are graduates of the University of North Carolina School of Public Health, Dave in 1982 and Jeff in 1983; both were trained in epidemiology; and both benefited from the mentorship of Berton H. Kaplan. Finally, all three of us, as so many others in the religion and health field, became gerontologists.

This is all worth mentioning because, despite these many connections, we stumbled into this area of research completely independently and without even knowing one another. Our work at Duke, for example, did not overlap and we only first met through professional circles. We have often speculated that perhaps something was in the

air at the time, in the middle 1980s, as several other researchers besides us also began systematically to study religion and health. While the three of us each had been publishing scholarly papers on religion and/or health in peer-reviewed journals for several years, our first widely read articles on religion and health appeared almost simultaneously. Dave's famous literature review of religious research in psychiatry was published in 1986;⁵² Jeff's much-cited literature reviews of epidemiologic studies of religion were published in 1987⁵³; and Harold's well-regarded first three research papers on religion and aging were published in 1988.⁵⁴⁻⁵⁶ Around the same time, Robert Joseph Taylor and Linda M. Chatters published the first of their collaborations in this field in 1986,⁵⁷ Ellen L. Idler published her first key paper on this topic in 1987,⁵⁸ Christopher G. Ellison⁵⁹ (also a Duke graduate, incidentally) made his first important contribution in this area in 1989, and David R. Williams⁶⁰ published one of the first longitudinal epidemiological analyses of religion, co-authored with Dave Larson, in 1991. These papers had overlapping themes and content, were gerontological in focus, and were written by investigators who had come to work in this field independently of one another.

For each of these scholars, the objective was that of the typical academic scientist: to further the field through advancing our own individual research efforts. Dave's objective, on the other hand, was to further the field by advancing the individual research efforts not of himself but of all of the rest of us, and of the countless others who followed. He became the tireless captain of a team of beleaguered sociologists, psychologists, epidemiologists, gerontologists, and physicians who shared not much else but a desire to do scholarly work, sometimes in collaboration and sometimes alone, in an area that most everyone else in academic medicine, public health, and the medical, social, and behavioral sciences, it seemed, derided or ignored. Dave in fact had a great sense of humor about this. In published writings, he more than once referred to this overt antipathy as a "taboo,"⁶¹⁻⁶² one in which religion had become the unspoken "*R* word"⁶³ and, for academicians, something akin to an "anti-tenure factor."⁶⁴

A short decade and a half later, a thriving field is in place. Empirical research on religion and health, if not yet fully accepted as mainstream in all disciplines, is fast becoming an accepted topic of investigation in several large fields of study. If peer-reviewed publications and funded research studies are good indications, these fields include

gerontology and geriatrics, medical sociology, health psychology, public health, family medicine, and psychiatry. According to the *Handbook of Religion and Health*,⁶⁵ which Dave co-authored, by the year 2000 more than 1,600 scholarly publications had addressed the role of religion in health, mental health, general well-being, or quality of life, including at least 1,200 empirical studies.

Besides the names already mentioned, other prominent figures have devoted considerable time and effort to researching the connections between religion and health. These include Neal Krause, Diane R. Brown, Kenneth F. Ferraro, William J. Strawbridge, Kenneth I. Pargament, Linda K. George (a Duke graduate and professor), and Margaret M. Poloma. A second generation of scholars has emerged, as well, led by Michael E. McCullough, Marc A. Musick (a Duke graduate), and Amy L. Ai. Furthermore, especially within gerontology, dozens of other researchers with principal research foci elsewhere have nonetheless made important contributions to furthering the study of religion and health. This includes senior figures such as David O. Moberg, whose contributions to the field began in the 1950s; Dan G. Blazer and Erdman B. Palmore (both Duke professors), who started writing on the topic in the 1970s; Kyriakos S. Markides, who initiated a series of studies conducted both alone and in conjunction with Jeff Levin in the early 1980s; and George W. Comstock, dean of American epidemiologists, whose consideration of religious variables in his studies dates back decades. Also deserving of mention, in no particular order, are Stephen C. Ainalay, Andrew Futterman, Dana E. King, Keith G. Meador (a Duke graduate and professor), Byron R. Johnson, Herbert Benson, Harold Y. Vanderpool, George Fitchett, Dale A. Matthews (a Duke graduate), Stephen G. Post, Lawrence E. Gary, Preston L. Schiller, Andrew J. Weaver, Kimberly A. Sherrill (a Duke graduate), Gail Ironson, Peter H. Van Ness, Anthony Walsh, Christina M. Puchalski, Stanislav V. Kasl, Peter C. Hill, Elisabeth McSherry, and Harvey Jay Cohen (a Duke professor), each of whom has contributed significantly to the advancement of the field. Perhaps an underappreciated common element of so many important scholars in this field is a connection to Duke University!

Many of these named individuals now have endowed chairs or are department chairpersons, center directors, or deans. Most are tenured full professors. Thanks to Dave's tireless efforts to use NIHR to raise the profile of scientific research on religion and health and to foster its

legitimization, taking time to conduct studies and publish in this area is no longer considered career suicide or a ticket to the academic fringes. Thanks also to his generally unrecognized efforts at DHHS beginning in the mid-1980s, the NIH and the private-foundation sector have come to acknowledge religion and health as a worthy topic for research funding and have supported the studies of many of the field's leading investigators. By virtue of Dave's work both behind the scenes and in the public eye, the once "anti-tenure factor" has been transformed more or less into a pro-tenure factor.

DAVE LARSON, THE PERSON

What kind of a man would put his own scholarly career off to the side in order to facilitate the work of others? This is a question that those of us who knew and loved Dave Larson have often reflected upon, with a mix of curiosity and gratitude. Perhaps the best explanation is that Dave was magnificently blessed with a sense of selflessness, lack of ego, and nonattachment to worldly gain more befitting a Buddhist monk or a Mother Teresa than the caricature of an academic medical scientist. He was *completely* committed to his life's work, his eye on the ultimate goal of transforming and respiritualizing the healing arts and sciences, and was able to maintain the long view in the face of ongoing highs and lows far better than anyone else in the field. As a result, he truly did care less about whether his name was attached to key advances than that such advances occurred. He was happy to deflect the credit to others, even where he himself deserved the lion's share.

How and why does a man choose to live his life this way? Perhaps the most important motivating factor for Dave was one that he was uncomfortable addressing in secular professional settings, although all of his colleagues were well aware of its salient presence in his life. Indeed, if Dave were still alive, he might wish we turned our attention elsewhere. He was always sensitive that he, and by extension every one of us working in the religion and health field, be seen as scientists first and foremost whose scholarly work could not be undermined or impugned by accusations of bias or speculations about our motives. Dave, we suspect, worried much more about this than any of the rest of us in the field. After nearly twenty years of dealing with naysayers, most of us by now have developed pretty thick skin.

Since Dave is no longer here among us in body, we will respectfully blow his cover. The secret to understanding Dave's profound dedication, commitment, and selflessness can be found in the words of his friend, Reverend Andrew J. Weaver, in his tribute to Dave included among the remembrances contained in Chapter 2 of this book: "Dave Larson was a Christian. He was not ashamed of the scandal of the Gospel. His piety was genuine and heartfelt. He had a desire for GOD."

In terms familiar to evangelicals, Dave was "sold out" to Christ. His faith in God was unwavering and all-encompassing. For his colleagues in the religion and health field, whose own faith commitments span myriad religious traditions and affiliations (including "none of the above"), Dave's love of God and devotion to being His faithful servant were never anything but an inspiration. For those of us committed to following Bible-based Judeo-Christian paths, Dave was a true role model of how to be both a scientist and a person of faith without ever sacrificing or compromising either identity. His success at this difficult balancing act is a lasting testament to his strength of character and great integrity as a person.

So, our apologies to Dave and to his wife, Susan, who has so carefully guarded his scholarly reputation. But without speaking of his Christian walk, the Dave Larson story would be terribly incomplete.

Elsewhere among the remembrances in Chapter 2 are other clues to what made Dave tick. The many words and phrases used to describe Dave paint a picture of a complex and exceedingly *good* person. Friends and colleagues spoke of his "modesty," "openness," "humility," "character and integrity," "incredible vivaciousness for life," "humor," "optimism," "innocence," "deep and abiding love for God and for all of mankind," "mentoring influence," "enormous energy," "vision," "enthusiasm," "inspiration," "full intensity," "characteristic vigor and zest," "profound gratitude," "support and encouragement," "fiery passion," "faith," "devotion and creativity," "kindness," "guidance and direction," "sincere interest in others," "heart for people," "rich wisdom," "deep insights," "idiosyncrasies," "strength of resolve," "courage," "great compassion and strong sense of purpose," "knowledge," "gift of discernment," and "characteristic generosity."

Dave was also described as "caring," "understanding," "at peace with himself," "dedicated," "a true believer," "intuitive," "confident," "a complete humanitarian," "godly," "interested and engaged,"

“a first-class networker,” “unstintingly unselfish,” “extraordinarily thoughtful and considerate,” “influential,” “earnest,” “a totally genuine, engaging, humorous, dedicated, intelligent person,” “eccentric, transparent, kind, insightful, and unique,” “uncanny,” “in so many ways at peace,” “contemplative,” “joyous,” “successful,” “easygoing,” “not a pushover,” “a total altruist,” “gifted,” “compelling,” “humorous,” “ingenious,” “dedicated,” “congruent,” “a catalyst,” and, most accurately of all, “inimitable, irreplaceable, unstoppable.”

Dave Larson wanted little more than to be of service to his fellow scientists and clinicians in their quest to integrate faith and spirituality into their work. In so doing, he hoped, the culture of medicine and of medical science could begin to experience a transformation and renewal. Because of his constant efforts, and his selflessness, many of us have been able to experience professional success and even a little bit of celebrity while helping to fulfill Dave’s dream. For those of us privileged to be carrying on in his place, his legacy of kindness and sacrifice are ever-present reminders of the moral standard that he set for scholars in the field that he helped to found.

DAVE LARSON, THE SCIENTIST

For someone who placed his own academic advancement beneath service to others, Dave actually was a very productive researcher. His most visible place in the scientific world was as a valued co-author to so many of us in the religion and health field. Dave gained a sterling reputation as a “manuscript doctor” without equal. Colleagues with an unpublishable scholarly manuscript on religion or any other controversial topic knew that they could send their paper to Dave, who would then work his magic and, in exchange for a co-authorship or an acknowledgment, produce a surefire gem. The two of us can personally attest to Dave’s remarkable ability to see the good in an otherwise hopeless manuscript and bring it to the fore, resulting in a peer-reviewed journal article. We each benefited from Dave’s magic.

This reputation actually disguises and undervalues Dave’s own original work, which was impeccable, historically significant, and very influential. This, the reader will see, is a consistent theme of this book, underscored especially by the selection of many of his classic lead-authored papers included in Part II. Beginning with a series of papers written with William P. Wilson and published in the *Southern*

Medical Journal starting in 1980,⁶⁶⁻⁶⁹ Dave embarked on a program of research and writing focused squarely on elucidating the role of religion, broadly defined, in preventing and treating psychiatric illness and in promoting mental health. Eventually, this body of work was extended to include physical as well as mental health, and also a variety of social and quality-of-life indicators impacted by religion. For more than twenty years, Dave was a nonstop source of theoretical essays, scholarly reviews, and empirical studies arguing for a complete overthrow of the long-held belief that religion was on the whole a malign influence on human life—a tacit belief so characteristic of both psychiatry and the sorts of “opinion leaders” valued by the popular culture and by official Washington. Dave’s work and its lasting influence led to national recognition with his receiving the American Psychiatric Association’s prestigious Oskar Pfister Award in 2002 (see Chapter 4).

The first of Dave’s scholarly articles reprinted in *Faith, Medicine, and Science* is his “Religious Life of Alcoholics” (see Chapter 5), one of several studies conducted with his mentor William P. Wilson. Together, this series of papers examined the impact of religious teachings, beliefs, practices, and experiences on psychiatric patients diagnosed with alcoholism, narcotic addiction, schizophrenia, and affective disorders. The paper on alcoholism, published in the *Southern Medical Journal* in 1980, identified considerable religious differences between alcoholics and nonalcoholics, especially developmentally. Although the families of alcoholics mostly attended conservative Christian churches, Dave and Dr. Wilson suggested that a failure of alcoholics and their families to practice what they preached, so to speak, created a discordance or dissonance that contributed to their greater risk of alcoholism.

The next paper included in this book is the classic systematic review that established Dave as the world’s leading authority on the scope of published research on religion and mental health. Titled, “Systematic Analysis of Research on Religious Variables in Four Major Psychiatric Journals, 1978-1982” (see Chapter 6), and published in the *American Journal of Psychiatry* in 1986, this review was based on earlier presentations at the annual meetings of the Southern Psychiatric Association and the American Psychiatric Association. Co-authored with colleagues at Duke, North Carolina, the Medical College of Georgia, and the NIMH, this article summarized the use

and misuse of religious measures in the 2.5 percent of studies containing a religious measure out of 2,348 empirical studies published in four major psychiatry journals. The verdict: psychiatric research was not paying much attention to religion, and, when it did, it was doing a generally lousy job.

This article set the stage for a series of reviews published over the next several years. Each examined a different aspect of the research literature on religion and mental health, and each was published in a top-tier psychiatry journal. “Religious Affiliations in Mental Health Research Samples As Compared with National Samples”⁷⁰ (see Chapter 7) and “Associations Between Dimensions of Religious Commitment and Mental Health Reported in the *American Journal of Psychiatry* and *Archives of General Psychiatry*: 1978-1989”⁷¹ (see Chapter 8) were two of the most influential of these reviews. The first article, published in the *Journal of Nervous and Mental Disease* in 1989, pointed out that study samples used in psychiatric research on religion were typically unrepresentative of the general population. The second article, published in the *American Journal of Psychiatry* in 1992 and an extension of his 1986 paper in the same journal, examined the results of three dozen studies that included measures of religious commitment. In all, 72 percent of the analyses presented in these studies pointed to a positive relationship between religion and mental health, contrary to the historic presumptions of many famous psychiatrists.

Dave’s interest in connections between religion and mental health included involvement in effecting policy-level changes within the psychiatric profession. He was one of many figures instrumental in shepherding the process that resulted in changes to how the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) dealt with religion, culminating in a “religious or spiritual problems” category in the DSM-IV. “Religious Content in the DSM-III-R Glossary of Technical Terms”⁷² (see Chapter 9), published in the *American Journal of Psychiatry* in 1993, identified blatant examples of insensitivity in how the DSM-III characterized religion. More often than not, when religion was broached in case examples and clinical reminders, religious patients were characterized as psychotic, delusional, incoherent, illogical, and hallucinating, as well as in other ways that indicated psychopathology. This influential article was one of the final nails in the coffin that preceded changes to the DSM.

Dave was especially interested in fostering linkages between religious and mental health professionals. He saw this as a means to many ends, notably improving access to and delivery of mental health services. His classic study, "The Couch and the Cloth: The Need for Linkage"⁷³ (see Chapter 10), published in *Hospital and Community Psychiatry* in 1988, used data from all five sites of the first wave of the Epidemiologic Catchment Area Study to investigate differences in the lifetime prevalence of psychiatric disorders by whether respondents sought care from mental health specialists only, clergy only, both, or neither. Dave and his colleagues found important differences and similarities in patterns of care-seeking depending upon diagnostic category, using the Diagnostic Interview Schedule. For example, individuals with major life-altering affective or anxiety disorders were more likely to seek care from both mental health specialists and clergy; those with cognitive, abnormal bipolar, schizophreniform, or somatization disorders were more likely to seek care from neither. These and the other results from this study underscored the need for formal linkages between mental health professionals and clergy.

Dave's research as a graduate student in epidemiology at North Carolina was concerned with how religious practices and perceptions of religion affected blood pressure. The major empirical results of his study were presented in an article titled, "The Impact of Religion on Men's Blood Pressure"⁷⁴ (see Chapter 11), published in the *Journal of Religion and Health* in 1989. This study's findings remain just as fascinating today as when they first appeared. Dave and his colleagues found that respondents who considered religion somewhat or not at all important had an average diastolic blood pressure (DBP) of 87.2 mmHg; those who rated religion as very important to them had an average DBP of 84.0 mmHg. Furthermore, those who rated their religion as unimportant *and* infrequently attended church had the highest average DBP: 88.2 mmHg; those who considered religion to be important *and* were regular churchgoers had the lowest average DBP: 83.8 mmHg. This article has proved to be a classic in the epidemiology of religion, and has helped to inspire subsequent research on religion and chronic disease morbidity.

Throughout his career, Dave applied his systematic review methodology to a variety of substantive topics besides psychiatric morbidity. As lead- or co-author, these reviews constituted a large share of his published scholarly output throughout the final decade and a half

of his life. He reviewed the role and consequences of religion, broadly defined, for scientific and policy-related topics in fields as diverse as pastoral counseling, gerontology, criminology, child development, psychology, health services research, medical education, and primary care. Specific reviews focused on outcomes ranging from juvenile delinquency to television content to the impact of abortion. Scanning Dave's curriculum vitae (see Chapter 16) shows how far afield his commitment to understanding the effects of religious faith took him from psychiatry, the medical specialty in which he was formally trained.

Two of the best of these reviews are characteristic of the detail and insight that can be found throughout this work, as well as of the breadth of topics that Dave chose to investigate. "A Systematic Review of Nursing Home Research in Three Psychiatric Journals: 1966-1985"⁷⁵ (see Chapter 12), published in the *International Journal of Geriatric Psychiatry* in 1989, is typical of Dave's best work: a thorough, sophisticated, and damning critique of sampling, design, and analytical shortcomings of published studies. This review was unique for Dave in that it did not focus on religion, but instead was a precise methodological critique coupled with some sharp policy-related recommendations. "Mortality and Religion/Spirituality: A Brief Review of the Research"⁷⁶ (see Chapter 13), published in the *Annals of Pharmacotherapy* in 2002, summarized the epidemiological literature suggestive of a protective effect of religion for longevity. Written with his wife, Susan, and with the co-editor of this book, Harold Koenig, the article was an "old-style" literature review, containing a narrative summary of key studies, existing systematic reviews, and meta-analysis results, along with careful consideration of what these findings imply for scientific medicine.

The final article of Dave's that is republished in *Faith, Medicine, and Science* exemplifies another of his many talents: writing for popular audiences. Throughout his career, especially since founding NIHR, Dave consistently published interesting, provocative, and entertaining summaries of religious research in both professional and lay periodicals. "Have Faith: Religion Can Heal Mental Ills"⁷⁷ (see Chapter 14), published in the newsstand magazine *Insight* in 1995, was part of a "point-counterpoint"-style debate with the notorious skeptic, Albert Ellis. In his article,⁷⁸ Ellis railed against the idea of a salutary effect of religion, yet demonstrated little familiarity with any

research on the topic of religion and mental health more recent than a paper of his from 1948. Dave's response was cogent and to the point:

What is perhaps most surprising about these negative opinions of religion's effect on mental health is the startling absence of empirical evidence to support these views. Indeed, the same scientists who were trained to accept or reject a hypothesis based on hard data seem to rely solely on their own opinions and biases when assessing the effect of religion on health. (p. 20)

Dave Larson was a pioneering figure in medicine. He was also a wonderful friend and colleague, and facilitator of the research and career progress of others. But Dave's contributions to science extended far beyond his contributions to the work of others. It is our hope that his valued gifts of service to others neither obscure what an excellent and important scientist he was nor focus attention away from the unmatched contribution of his own research, a body of work that was central to the establishment of the religion and health field.

DAVE LARSON'S LEGACY

Dave Larson was richly blessed. Strengthened and empowered by a loving family, by devoted friends and colleagues, and by his faith in God, he devoted his life to healing the wounds left behind by the centuries-old divorce of the medical arts and the human spirit. Multiply credentialed as a physician, epidemiologist, psychotherapist, uniformed officer in the U.S. Public Health Service, and federal policy-maker, Dave used each of his talents in tandem to help fashion a new scientific field. Through his efforts, alone and in conjunction with the colleagues he gathered around himself, Dave truly left his mark on the world.

Dave's contributions to medical and health-related research have already been documented in this chapter. Part II of *Faith, Medicine, and Science* contains, in full, the text of all of the important articles and studies synopsized in the last section. These ten papers are just a drop in the bucket—about one-thirtieth of his total published output. They are, however, among his most important scholarly publications, and they accurately represent the contributions for which he is best known. Even in death, this scientific juggernaut continues: according

to the most recent list of his publications that we consulted in preparing the version of his curriculum vitae that appears in this book (see Chapter 16), another sixteen scholarly manuscripts have been completed and several of these are currently under peer review at academic journals.

Dave was also instrumental in changing how medicine and psychiatry are practiced. He was avidly sought as a speaker at medical and psychiatry grand rounds, as well as at spirituality and medicine conferences throughout North America. He loved to speak and was a masterful teacher who mixed humor and research facts in a remarkable manner. For years he served as a key faculty member and speaker for Harvard Medical School's "Spirituality and Medicine" continuing medical education program. He also developed and directed for many years a speaker's bureau at NIHR, which provided other speakers for religion, spirituality, and medicine conferences. In 1997, he accepted Jeff Levin's invitation to co-author the first invited essay on the topic of religion and spirituality in medicine to appear in *JAMA (Journal of the American Medical Association)* in over seventy years.⁷⁹

Finally, Dave's efforts to effect change in the education of young medical students and residents in training may come to represent his most lasting contribution. In 1992, only three medical schools had coursework or instruction related to religion or spirituality. Then, in 1994, Dave obtained a grant from the John Templeton Foundation to start a curricular awards program that gave out \$25,000 grants to medical schools in order to fund undergraduate medical courses devoted to the interface of religion, spirituality, and medicine. He put Dale A. Matthews in charge of running this program, which gave out its first awards in 1995.⁸⁰ Today, nearly two-thirds of the 125 medical schools in the United States have such coursework, and this is almost entirely due to the results of this innovative program and to the connections that Dave established within the Association of American Medical Colleges.⁸¹ In addition, Dave developed training curricula for residents in psychiatry and primary care, which have been used as guidelines in many residency programs throughout the country, and started two additional curricular awards programs for the same constituencies.⁸² All of the curricular awards programs that Dave initiated continue to the present day, now housed at the George Washington

Institute for Spirituality and Health under the direction of Christina M. Puchalski.

The last time that the principal editor of this book, Jeff Levin, spoke with Dave was during a radio panel interview conducted as part of the book tour for Jeff's *God, Faith, and Health*,⁸³ in the summer of 2001. The name of the radio program, was "Faith Matters." This very much could have been Dave's motto: faith matters. It matters for our health and well-being and it matters for life in general; it matters for all of us individually and for our families and it matters for society as a whole. Faith mattered to Dave Larson, and, because of this, he was driven to live a life of service, committed to sharing the importance of faith in God to all who would listen. Unlike evangelists, who count their harvest in souls reaped, Dave was a scientist. For him, victory was measured not in souls won or lives transformed, but in minds changed.

When Dave began researching and writing about the role of religious faith in mental and physical health, few people in academic medicine professed to believe that the two things were at all related. Now, two decades later, as a result of his life's work, the "religion-health connection"⁸⁴ is close to tacit knowledge among identifiable segments of the medical world. More minds have been changed, and curiosities awakened, than any of us who labored alongside Dave could have ever imagined would be possible. In the words of Christ's parable recorded in the Gospel of Matthew, "Well done, good and faithful servant."⁸⁵

NOTES

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