

## Chapter 15

# Cultural Hemorrhage of Religion and Spirituality on Healthcare and Wellness

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### ABSTRACT

*As life approaches expectancy and senescence actualizes, the regenerative capacity of the vital organs and their functionality is reduced. Such a reality gives rise the need to identify with a better purpose in life. Religion and spirituality assume a central role in the wellness and healthcare in such circumstances. Although societies and civilizations differ in their religious and spiritual orientations, all peoples everywhere ascribe to some God or gods. The globalization of religion was initiated sometime between the late Bronze Age and late classical antiquity. The pivotal point was characterized by a conversion from polytheism, or primary religions as practiced by the Ancient Egyptians; Phoenicians; Babylonians; Greek; and Romans on the one hand, to monotheism—secondary religions characterized by the worship of one supreme God. Religion and spirituality has now become the one and remaining source of solace for the terminally ill.*

As life approaches expectancy and senescence actualizes, religion and spirituality assume a central role in the wellness and health care regimen of those who grow old. With reduced regenerative capacity of the vital organs, along with the diminishing function and appreciation of the senses (i.e., sight, taste, touch, and the like), reliance on medication gives way to increased spirituality and religiosity (Bauer & Barron, 1995; Dunn & Horgas, 2000; Touhy, 2001) as a means of accepting the inevitability of mortality. This trend takes on a global proportion as practiced in all countries and cultures. For example, demographic changes in Japan ensure an imminently overriding need for holistic services for the burgeoning elderly population that is becoming the majority of the population (Bloom, Canning, & Sevilla, 2003; Chen et al., 2013; Ogawa & Retherford, 1993).

The conversion from ancient polytheism to modern monotheism can be characterized as ignorance supplanted by knowledge. This is precisely what happened in Ancient Egypt with the transformation

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from falsehood, which was characterized by localized, cultic, and narrowly focused worship of multitudinous totemic gods, to the dawning of monotheism, which was characterized by the emancipation of the Hebrew people as they were imbued with knowledge or truth. The change amounted to a revolution of biblical importance involving the codification and decodification of sacred texts—literacy. As a result, secondary religions, such as Buddhism, Christianity, Islam, and Hinduism (Bülow et al., 2008; W. H. Clark, 1958; Evans, 2006; Jonsen, 2006; Parrinder, 1999), are supported by sacred texts.

The globalization of religion was initiated sometime between the late Bronze Age and late classical antiquity (Masojć & Bech, 2011; Nigosian, 2010). The pivotal point was characterized by a conversion from polytheism, or primary religions as practiced by the Ancient Egyptians, Phoenicians, Babylonians; Greek, and Romans on the one hand, to monotheism—secondary religions characterized by the worship of one supreme God. Polytheistic cultures practice a cultlike religion, which posits the existence of a separate god, if totemistically, for almost every conceivable object, event, or phenomenon—for example, a separate god of fire, water, wind, earth, sorrow, and more. Monotheism, conversely, without denying the existence of other gods, acknowledges that all other gods exist in thrall to one omnipresent, omnipotent, and omniscient God.

In the globalized world of converging economies, technologies, and other human services, diverging views of health and wellness have added to notions of religion and spirituality in rendering intercultural–international research a global challenge. Apart from globalization, European and American societies that exhibit multicultural, multiethnic, and multiracial characteristics have foregrounded health care services. Globalization highlights the function of culture in the maintenance of wellness and the management of illness under the microscope.

Religion and spirituality, and their influence or dearth of influence on wellness have received a great deal of scholarly interest (George, Ellison, & Larson, 2002; P. C. Hill & Pargament, 2008; J. Jung, 2012; Koenig, McCullough, & Larson, 2001; D. B. Larson, Swyers, & McCullough, 1998; Plante & Sherman, 2001; Powell, Shahabi, & Thoresen, 2003; Seeman, Dubin, & Seeman, 2003; Seybold & Hill, 2001; Thoresen, 1999; Thoresen, Harris, & Oman, 2001). Extensive literature on religious fundamentalism is provided in Aten, Mangis, and Campbell (2010); Blogowska and Saroglou (2011); Bradley (2009); and E. D. Hill, Cohen, Terrell, and Nagoshi (2010). For religion and sexual prejudice, see Herek (2009), Rowatt et al. (2006), and Tsang and Rowatt (2007).

Attempts are made by Western researchers to exclude any semblance of religion or spirituality from research (J. M. Nelson, 2009; J. M. Nelson & Slife, 2012; Slife & Reber, 2012). The Western strive for empiricism seems to parallel Eastern-oriented atheism. To promote objectivity and attenuate the likelihood of presupposed acceptance or bias, Western researchers are dissuaded against the influence of religion and/or spirituality (J. M. Nelson & Slife, 2012).

Distinctive interpretations of illness and wellness among countries depict confusion. Such confusion arises from the cornucopia of cases, instances, or types of illness. Stress and other psychological maladies are examples of instances of unwellness emerging from sociocultural contexts (Donelson, 1999; Prior & Bond, 2008; Salsman, Brown, Brechting, & Carlson, 2005). Classification of such health conditions varies among countries or cultures. Suicide, for example, is morally wrong in Western societies; however, Confucian societies that practice Buddhism deem the practice acceptable (Coward & Ratanakul, 1999).

Duriez (2004a) alleged that religiosity in nowise ensures eleemosynary deeds. Wars have been fought, won, and lost on religious footing (Batson, 1983; Benedict, 1975; Ring, 2000; Seul, 1999). Universal attributes such as rigidity, insensitivity, insincerity, mercilessness, meanness, and heartlessness cannot be remedied through religiousness. Attention is drawn to the effect of religious motivations as catalyst for

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