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8. THE ONTOLOGICAL GENERALITY IN SPIRITUALITY AND HEALTH

Among the most embarrassing statements a researcher can make is that unqualified "religion is good for health." Religion can be very healthy or very unhealthy, and this must be sorted this out with more nuance. Moreover, when religion is healthy, what religion are we speaking of, under what conditions, and what is it about that religion that is salutogenic? Moreover, is health an ultimate or penultimate value in the particular tradition itself? Jeff Levin has wisdom to offer. In his article entitled "'And Let Us Make a Name': Reflections on the Future of the Religion and Health Field," published in *Journal of Religion and Health* in 2009, he writes, "Religion, generally speaking, may fill a deep void in people's lives or be harmful to many people's minds and souls, and it may be a positive force in human history or a destructive one, but surely epidemiologic research studies tell us little at all one way or the other about such profound matters."[1]

The too-easy assertion of an association between religion and health is quite embarrassing, as the person on the street knows from reading the papers about a Christian fundamentalist in Norway who shot down more than ninety children at a summer camp after blowing up a government building, all in the name of Christ, or about a small group of believers-in-something in San Diego who packed suitcases, castrated themselves, and drank lethal poison in order to ascend to the Hale-Bopp Comet. The quantitative epidemiologist of religion and health who makes easy assertions about an association does not

quite sound serious, even if there is some association to be found from pouring over large population databases of regular worshippers, presumably in established churches and synagogues.

The field of health, spirituality, and religion is not entirely healthy. It has become insular and technocratic, perhaps the inevitable result of the absence of creative visionary dialogue between narrowly trained epidemiologists or other researchers and world-class theological and spiritual minds who can ask "big" interpretive questions. It is a field that is conceptually somewhat frozen because without a major "broaden and build" mindset of dialogue with spiritual and theological minds, there is little or no depth of interpretation.

Tremendous resources have been pumped into the field of religion and health. We learned that often very sick people cope with illness through drawing on faith, just as Kierkegaard observed long ago in his discussions of anxiety, finitude, and lack of control.[2] We know that many people in hospitals want pastoral care and a spiritual history available to them. We assert that people who are regular worshippers live a little longer and have lower depression. There are a few other obvious things we know, vaguely, but we have not learned much that would be unexpected.

When a claim about "religion" contributing to health or longevity is made, we need to acknowledge that this is superficial, partly because religion can be a very destructive force as well. Researchers have usually not acknowledged the ambivalence that most people have about "religion," which can bring out the very best and the very worst in adherents. This lacuna has trivialized the field. Moreover, "religion" is such a weak and entirely vague variable as to be nearly meaningless. We need to focus on particular religions and spiritualities in their differences.

What is it that any association between religion and health is revealing? Is it the social capital in particular spiritualities and religions that is at work? Is it the disinhibition of compassion and altruism in this organized community of generativity that is at work? Is it faith in God (in those religions that believe in such)? Is it related to the positive psy-

chology inherent in a given spirituality or religion as a venue for hope, gratitude, love, awe, faith, joy, courage, etc.? If so, are some spiritualities and religions better positive-psychology venues than others? Is religion *sui generis*, or merely a supermarket with lots of shelves full of needed emotional supports and strengths? Is it that marriages tend to last longer in certain religious communities? Is it the diet and stewardship of the body that is at work? Is it spirituality in the sense of filling a void in the human heart that only a More can fill? Is it self-control that is operative?

I will suggest a theological interpretive framework herein under the rubric of the *Ontological Generality*. This framework will be applied in an effort to provide a theological groundwork with which to interpret any and all purported associations between spirituality and health more meaningfully. I have coined the term "Ontological Generality" to capture a perennial aspect of theological anthropology. The term refers to the *communitas* between self, others, and a Higher Power in which our full flourishing as individuals is possible. However, it must be recognized that many spiritualities and religions fail miserably at creating communities grounded in the Ontological Generality, and they therefore would not be expected to have notable benefits.

THE ONTOLOGICAL GENERALITY

Most spiritualities posit the need for attachment between self and others, and between self and a Higher Power. The full being of the human agent lies not in the isolated monad, nor even in the relational dyad of self and other, but in the triadic structure of God, self, and other. For example, Jesus of Nazareth drew on Jewish tradition in teaching that human flourishing lies in the fulfilling of a double-love commandment:

> "You shall love the Lord your God with all your heart, and with all your soul, and with all your mind." This is the first and great commandment. And the second is like to it: "You shall love your neighbor as yourself." On these two commandments hang all the law and the prophets.[3]

Human abundance and well-being lie in the love of God, neighbor, and self. Well-being does not lie in the love of self alone, or in the love of God alone, or in the love of neighbor alone. The three must be conjoined in a triadic community of being that defines the Ontological Generality. It would be difficult to find a theologian who has not asserted this Ontological Generality in some fashion, for its disruption constitutes incompleteness (or "fallenness" or "sin"), and its restoration constitutes spiritual flourishing. It is abundantly clear from the Gospels that Jesus modeled this restored state of triadic being, and that he maintained this state despite torture and crucifixion, wherein lies one aspect of his redemptive power.

Now this Ontological Generality is the foundation not just of the Abrahamic faiths, but of most all religions, faiths, and spiritualities however differently a Higher Power might be described. The Hindus will state that their gods are not unlike the Trinity, the three-in-one, and the Native Americans will point to the Great Spirit. However articulated within a cultural system, the mystical triadic structure of "I" in relation to "Thou" at the horizontal and vertical levels of self, other, and God seems nearly universal, if not entirely so.

As a Christian thinker, I assert that Jesus of Nazareth lived every moment of his life in profound love of God, of neighbor, and of self, relationally considered. One discerns this in the depth of his heartfelt prayers, in his astonishing forgiving and healing love of those around him, and in his carrying himself with grace and dignity in thought, word, and action.

Theologically, I will then assert that "health," or "flourishing," or "well-being" are ultimately only fully available in the context of genuine *communitas* between God, self, and other. This does not mean that individuals cannot achieve lesser but significant degrees of flourishing outside of this triadic structure, nor does it mean that individuals who are authentically engaged in such *communitas* formed around the Ontological Generality will not be susceptible to severe diagnoses of disease early in life, or to fatal or disabling accidents and the like. However, as a gross generalization, those who abide in the love of the Ontological

Generality will cultivate positive spiritual emotions such as joy, hope, faith, gratitude, and kindness; they will be more shielded from destructive, vengeful, and hostile emotions; they will find more resilience in the face of adversity; they will live lives of higher purpose and calling that will protect them from falling into violent, life-shortening, antisocial activities; and they will have a deeper sense of self-stewardship because their lives are understood as valued by both God and neighbor.

In this chapter, I will discuss health in relation to the Ontological Generality, which includes both its horizontal (self and other) and vertical dimensions (self and God) working synergistically and simultaneously. But I will also assert that "religion" in relation to health is almost, but not quite, a meaningless variable, and that any generalizations about an association between religion and health are in real fact difficult to make because the Ontological Generality is so badly distorted in the filters of so many religious communities. It is really, then, only possible to speak meaningfully of health in relation to a particular spiritual or religious tradition as lived and practiced. After all, every person who reads the papers knows that some religions, faiths, and spiritualities are destructive, suicidal, or masochistic snake pits providing a blank check for personality disorders, replete with every distortion of whatever universal truths they might use to camouflage wanton manipulations and the sheer will to power. This reality means that any statements about human health and religion must be very carefully limited and circumscribed.

These quantitative epidemiologists are not all wrong. Where the Ontological Generality manifests in relatively undistorted fashion there should be some positive association between religion and health, although even here, the distinction between "intrinsic" (heartfelt spirituality) and "extrinsic" (involvement for purposes of social capital) religiosity cannot be lost sight of. Yet another caveat is needed: while health is a value within the context of the Ontological Generality, it is regrettably the case that in a disordered and dismembered world many who adhere profoundly to the Ontological Generality will almost surely experience considerable unrest, including the possibility of sig-

nificant harm. I wish I could say that everyone who tries to abide in the love of the Ontological Generality receives accolades and praise, but, regrettably, this is far from true. The Ontological Generality does very generally contribute to health at the statistical level, but it also gives rise to its martyrs.

We do see the association between health and the Ontological Generality shine through in some astonishing *particular* religious contexts where health is fragile. Perhaps the most powerful example of this is Alcoholics Anonymous, which I will explore as a prototype that points toward a more generalizable model that will be explored subsequently.

ALCOHOLICS ANONYMOUS AS A PROTOTYPICAL EXAMPLE OF HEALING THROUGH ADHERENCE TO THE ONTOLOGICAL GENERALITY

The Ontological Generality is powerfully exemplified with respect to recovery and health by Alcoholics Anonymous (AA). If the Ontological Generality is in fact true, AA should be viewed as a prototype of healing that provides broad insights into the current inability of secularized cultures to generate much flourishing. The triadic flow of mutual love that constitutes the inner dynamic of the Ontological Generality is restorative not only for the addict, but for all of us. The Ontological Generality always includes both a horizontal (self and other) component and a vertical (self and God) component. We would thus expect to see some health benefits along both relational axes, but greater benefits when these are in synergy.

The Twelve Steps are essentially a "how to" articulation of the Ontological Generality. First, there is an acknowledgement that the agent is powerless to solve this addiction alone, and that only a "Higher Power" can (Steps One, Two, and Three). Second, there is a precise spiritual-moral confession of past wrongs committed, a willingness to have God remove our moral defects, an active effort to make apologies and amends wherever plausible (with elements of forgiveness and reconciliation), and a readiness to engage in such continued moral inventory (Steps Four, Five, Six, Seven, Eight, Nine, and Ten). Third, there

is a deepened life of prayer and meditation focused on doing God's will rather than our own (Step Eleven). Fourth, there is an active effort to serve other alcoholics by witnessing to these steps and modeling them in practice. In practice, these elements, while building on one another, do not follow in a rigidly sequential fashion. Different individuals will implement these steps with different emphases and timing. Service to others can start quickly in very practical ways, for it allows a sense of active agency and purpose that can be extremely helpful to the helper. Spirituality may come a little later with growing acculturation to the AA group. Some members of AA will for a while resist much moral inventory as their insights into their behavior develop. Some will be more easily inclined to spirituality or talk of a Higher Power. Thus, while the Twelve Steps are ordered, it would be too limiting to suggest that in practice they must be engaged in sequentially.

The Twelve Steps assert that little good can happen in the life of an alcoholic until a community is established between self, other, and God. The dynamic of a Higher Power has always been considered a crucial aspect of recovery. Columnist David Brooks of the *New York Times* quotes the self-reported experience of Bill W., not previously a believer, as he experienced a white light that he perceived as the presence of God. He described what occurred in his hospital room at a New York City detox center on his fourth day of treatment: "It seemed to me, in the mind's eye, that I was on a mountain and a wind not of air but of spirit was blowing. And then it burst upon me that I was a free man."[4] Bill W. never drank again after that spiritual experience of December 14, 1934. But Bill W. also came to realize that he could never recover without the additional element of helping other alcoholics like himself in the context of mutual aid.

The Ontological Generality is of course antithetical to psychological narcissism (or what moralists call "solipsism" or theologians call "sin"). *Alcoholics Anonymous*, subtitled, *The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism,*[5] is called the *Big Book* in AA circles. First printed in 1939 (now in its 2001 fourth edition), the opening segment of this spiritual-moral treatment manual begins

with the words, "We of Alcoholics Anonymous."[6] The essence of the program is captured in the passage, "We work out our solution on the *spiritual as well as an altruistic plane*[emphasis added]. . . ." [7] Nowhere is the word "I" to be found, because self-preoccupation is considered the root of the problem. Grandiosity is replaced by anonymity and humility. Any solution lies in the "we" of fellowship centered on a Higher Power, and the recognition that "I" cannot rescue myself.[8] As the *Big Book* emphasizes, "Selfishness—self-centeredness! That, we think, is the root of our troubles."[9] We must be rid of this by becoming "less and less interested in ourselves, our little plans and designs,"[10] and more interested in what we can "contribute to life."[11] Moreover, "our very lives, as ex-problem drinkers, depend upon our constant thought of others and how we may help their needs."[12] Still, our helping others in need must be based in "*a sincere desire to be helpful* [emphasis added]."[13] All of this prosociality, however, is clearly positioned under the sacred canopy of a Higher Power.

In the most general terms, recovery as captured in the Twelve Steps involves a shift in thought, emotion, and activity away from self and toward others and God. It is a process well described by Martin Buber as a shift from "I-It" to "I-Thou." The alcoholic has suffered from the delusion that he or she is the center of the universe, that the planets revolve around that center, and as a consequence he or she has related to others only insofar as they satisfy his or her own little plans and agendas. But "I-Thou" involves a holistic transformation facilitated and supported in a community. "I" am not the center of the universe, but we are.

As stated, AA understands that the alcoholic must have a connection to a Higher Power, which alone is powerful enough to fill the void that was previously flooded with alcohol. Not everyone in AA is equally spiritual, and only some report the intense spiritual experience like that of Bill W. Yet there is a great deal of spirituality among AA members. Some come into AA with a strong spiritual history that is still vital and active in their daily lives. Others come in no longer spiritual or religious, but having been so earlier in life. There are those

who have never been spiritually or religiously engaged in the past, but their involvement with AA brings them to spirituality as they are affirmed and seek to acculturate to this healing community.

This spirituality achieves several important things. First, such a Higher Power functions to create an absolute quality to abstinence, which becomes more than a mere human contrivance or a matter of "relative" value. Abstinence is therefore nonnegotiable. Second, reliance on a Higher Power takes the place of alcohol in filling the emptiness or incompleteness within. This theme of spiritual emptiness and the misplaced efforts to find fulfillment through things other than God's love can be found in the writings of Western spirituality from the fourth century. *Third*, this spirituality frees the self to concentrate on contrition and service.

Moral inventory, offering apologies, and making amends also lie in the center of the Twelve Steps. The alcoholic is often shockingly unconcerned about the damage that he or she inflicts on others. Recovery thus involves a major moral transformation. When an alcoholic shares his dark secrets and past experiences with alcohol, he reaches a fellow sufferer like "no one else can."[14] Transforming past mistakes to good (i.e., redemption) also occurs when an alcoholic faces the wreckage of his past and mends the bridges he burned with others. Progress is made by the daily pruning of egocentrism: "Selfishness—self-centeredness! That, we think, is the root of our troubles."[15] And further, "above everything, we alcoholics must be rid of this selfishness. We must, or it kills us!"[16] The *Big Book* refers to selfish resentment, dishonesty, self seeking, and unkindness, among other manifestations.

Prayer and meditation are prescribed as spiritual practices necessary to remain "in contact" with a Higher Power and the will of God for our lives.

The Twelfth Step, "having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs,"[17] is vital. The *Big Book* is abundantly clear: "Our very lives, as ex-problem drinkers, depend upon our constant thought of others and how we may help meet their

needs."[18] The word "constant" indicates that this concern with helping other drinkers must become an enduring daily practice to keep the disease in remission. AA literature teaches the alcoholic to apply the spiritual principle of service in all his affairs, to practice "tolerance, patience and good will toward all men,"[19] and to "place the welfare of other people ahead of his own."[20] The preceding eleven steps must be "accompanied by self sacrifice and unselfish, constructive action."[21] Members of AA understand that as they help other alcoholics, they also help themselves. This principle is clear in the purpose statement of AA: "Our primary purpose is to stay sober and help other alcoholics to achieve sobriety."[22] The relevant aphorism is: "If you help someone up the hill, you get closer yourself." There is a deep sense of purpose in such a role, and a powerful new self-identity as a "wounded healer," one who assists others from one's reservoir of first-hand knowledge.

The Twelve Steps have been practiced daily in the lives of recovering alcoholics since 1935. It is curious that empirical support for the link between helping others and staying sober first manifested only in 2004.[23] Using data from a prospective study called Project MATCH, one of the largest clinical trials in alcohol research, Pagano and colleagues found that alcoholics who helped others during chemical dependency treatment were more likely to be sober in the following twelve months. Specifically, 40 percent of those who helped other alcoholics avoided taking a drink in the twelve months that followed a three-month chemical dependency treatment period, in comparison to 22 percent of those not helping.

Dr. Maria E. Pagano led the study of helping behaviors of alcoholics with a range of sixteen to twenty-five years of continuous abstinence from alcohol. While helping others in general was rated as significant in contribution to sobriety, considerably higher benefits came from increased helping of other alcoholics in the context of Alcoholics Anonymous.[24] Earlier, she and her colleagues examined the relationship between helping other alcoholics to recover (the Twelfth Step) and relapse in the year following treatment.[25] The data, from Project MATCH, examined different treatment options for alcoholics and

evaluated their efficacy in preventing relapse. Two measures of helping other alcoholics in Alcoholics Anonymous (being a sponsor and having completed the Twelfth Step) were isolated from the data. Proportional hazards regressions were used to separate these variables from the number of AA meetings attended during the period. The authors found that "those who were helping were significantly less likely to relapse in the year following treatment. . . ."[26] Among those who helped other alcoholics (8 percent of the study population), 40 percent avoided taking a drink in the year following treatment; only 22 percent of those not helping had the same outcome. Imagine, helping others doubles the likelihood of recovery from alcoholism in a one-year period!

Service can take many forms, one of which is sponsoring another member into AA and the Twelve Steps. Sponsoring is typically not done until the sponsor has been sober and a member of AA for a year or more, since sponsoring is a very significant responsibility and form of service. But service can involve all the small things needed to make an AA meeting succeed, from being a greeter at the door to cleaning up the room after a meeting. A key aspect of service is being willing to give one's testimony at an AA meeting in order to inspire others and contribute to the group ethos. It is possible to visit other alcoholics in detox clinics or in prisons, or simply to provide some companionship and attentive listening to a friend or colleague who may be struggling with alcoholism. It does seem clear that the potency of benefits for those engaged in service is greater when they are serving another alcoholic,[27] and this is certainly the emphasis in AA. But still, service "in all our affairs" is stressed in the Twelfth Step, and there are less pronounced benefits in serving others outside of AA in general helpful behaviors.

The Twelve Steps, then, present a format for recovery based on the Ontological Generality that has come to the rescue of a great many alcoholics around the world. But this approach to recovery and health has not made many inroads into other recovery programs run in professional settings. Indeed, professionals still lack a deep understanding of why a grassroots mutual aid program like AA is remarkably effective. Might the Ontological Generality be applicable to many

other areas of recovery and prevention, from obesity and depression to heart disease and anxiety? Might it be relevant to all contexts of a real association between spirituality and health?

RELIGION AND HEALTH AS FULLY INTERPRETABLE IN LIGHT OF THE ONTOLOGICAL GENERALITY

We will not here summarize the various epidemiologic studies of the association between religious attendance and health, many of which examine a crude "religion" variable that happens to be included in some large population study. These numerous studies are somewhat useful in pointing out that there is something about being a regular church worshipper that is associated with mainly lower depression rates and some moderate reduction in mortality rates. But what is it within "religion" that is actually really at work? The Ontological Generality would suggest that a number of dynamics are at work in a synergy, including:

The Experience of Divine Love

By this theory, only a reconciliation with God completes human nature and creates an internal homeostasis. We humans have a God-shaped hole that only God can fill. This is the view taken by organizations such as AA, where healing occurs through reliance on a Higher Power, however understood. Augustine spoke of a rest that can only be found in God, and most Western theology has placed *eudaimonia* not in worldly *felicitas* but in the *viseo Dei*. We cannot feel complete or whole, we cannot feel serene or at rest, when we try to find happiness in anything that is created. We find full happiness in knowing and loving God.

The Care of the Self

One triad of the Ontological Generality is the care of the self. We live in a culture and a time when the care of the self is foundering at many levels outside of the love of God and neighbor. It may be difficult to care for self unless there are reasons beyond the self to do so. The care of the self within the Ontological Generality is a stewardship that is

grounded in a deep appreciation for the love one receives from God and others, which so greatly enhances one's sense of significance and dignity. Why abide by healthy lifestyle behaviors and refrain from self-harm if one's life is focused merely on self? The self is not meaningful enough to care for itself. Salutogenic meaning in the deep sense that one's life is more than an exercise in fleeting emptiness is found in the mutual love of the Ontological Generality.

Spiritualities and religions can enhance health and prevent disease through the care of the self (e.g., self-control in diet and sexual activity; the eradication of smoking and substance abuse; physical exercise and other positive health practices; nonviolence), but this is care grounded in the Ontological Generality. We know that Seventh-Day Adventists are particularly long-lived, that Judaism includes its dietary and other regulations, etc. To select a purely symbolic number, let us say that 95 percent of the health benefits of spirituality and religion have to do with the care of the self, and when looked at globally, this is probably the most significant worldwide contribution that spirituality and religion make to the human condition.

We need a global program in spiritual flourishing and the health of body, mind, culture, and society. Let us reconceptualize and recreate the field anew at a global preventive level. Can we really begin to understand how certain spiritualities and religions do promote health in certain regions of the globe? Is there a future in which the value of the care of the self and the care of the other under a sacred canopy can be much better appreciated, cultivated, and acknowledged? Prevention and responsibility are the future.

Has there been a deterioration in the care of the self in the United States, or in other countries across the globe? What are the deeper spiritual, cultural, individual, and community underpinnings of good care of the self? What is the history of self-care? Have the traditions of self-care broken down? Are there features of modern society that work against self-care? Is the Ontological Generality our hope for a paradigm shift that can bring down health care costs through prevention and self-care?

The care of the self is a topic that no health care reform program can afford to ignore. It might be estimated that about a third of health care expenditures in the United States result from patient noncompliance (or nonadherence), and another third from destructive and self-destructive behaviors of all kinds. Many people take little or no responsibility for their health, expecting physicians to fix with a pill problems rooted in long-standing unhealthy behaviors. Everyone wants access to health care, but this will never succeed without good care of the self. This care of the self requires not only good physical habits, but good emotional habits.

Spiritual or "Positive" Emotions

Positive psychology in general has avoided spirituality and health. Yet spirituality and religious traditions are the primary contexts in which, for many people, positive emotions have their home. In other words, positive emotions flourish in authentic traditions of the Ontological Generality. Of course in distorted or false traditions, hatred and contempt can come to an unfortunate dominance.

Let me distinguish, for example, optimism from hope as "spiritual" positive emotion. This is more than semantic quibbling. Hope leans into the future with a deep trust that something good will come. It is so much more than mere optimism, which is mostly a present-tense gloss that lacks the depth of hope and that withers when tested. Hope has to go through trials and hard times, and so frequently is taught and conveyed through spiritualities and religions. If things are going smoothly for a while in life, optimism is good enough and we do not really need hope. Hope is about firmly asserting a purposeful energy in the face of adversity. We can be optimistic and content without having to hope. Hope involves more personal reflection and sheer courage than optimism, and it takes practice. We can speak of the strength to hope, but not of the strength to optimism. How do we help others to be hopeful in hard times? Hope is by nature a lot more irrational than rational. It is a passion for the possible, or even for impossible impossibilities. We live betwixt and between reality and our dreams, and the world

needs dreamers. Hope leans forward or there is no hope at all. Hope is a practice, a habit, a virtue. Core goals and dreams require tenacity, and hope must be stubborn or there will be no miracles in our lives. Where does hope come from? From community or relationships, from within, from an inspiring role model, from helping others, from God? Let me suggest that for many people, hope is deeply ensconced in the Ontological Generality. It is hard to imagine Dr. Martin Luther King Jr., when he referred to the hope of the prophet Amos flowing from the mountains in his famous speech at the Washington Monument, using the word "optimism" instead.

Are spirituality and religion something like a shopping center for hope, love, gratitude, tranquility, joy, and the like? Given that the vast majority of peoples over the face of the earth place spiritualities and religions at the essential core of their lives, the ways in which these cultivate salutogenic positive emotions and help to displace negative ones achieves great significance. "Sin" has a lot to do with bitterness, with self-pitying, with ruminating, with vengeful thinking, with rage, with jealousy—in short, with all those tendencies that we see from childhood to old age in those whose emotional and spiritual energies are self-focused. The mutual love said to be experienced in the triadic structure of the Ontological Generality rightly manifest frees adherents from this brooding darkness.

Jonathan Edwards, in his classic *Treatise on the Religious Affections*,[28] did a splendid job of moving "religion" away from doctrine and toward the cultivation of a set of affections (emotional states) that he felt were established in a stable fashion at the interface of the human substrate and the holy spirit. Karl Rahner thought similarly.[29] How does the self-reported experience of the divine of godly love enliven and enhance a set of positive emotions that are also "primed" by the language games of religious communities? What have spirituality and religion to say about the connections among joy, self-giving love, hope, faith/trust, tranquility, and the like? In general, these emotional "gifts" come as a package.

Because many spiritualities and religions teach emotional self-control, especially over negative emotions (e.g., Buddhism and Chris-

tianity eschew anger and revenge), they can at their best free the agent from these burdens and their many noxious health effects. Of course, particular theological traditions matter—fear and anxiety before a vengeful God can be anything but healthy.

A Deeper Tranquility That Protects against Stress

The Ontological Generality creates a secure attachment for individuals who are otherwise existing in conditions of "separation anxiety," adrift from the "secure" bases that allow life to be navigated well, especially in its challenges. Attachments theorists believe that all of life can be understood as a journey in overcoming separation anxieties. As infants thrown into the world, we seek parental attachment, and as adults we seek marriages of genuine attachment and communities of secure giving and receiving of tender loving care. We seek this as patients in the relationships we have with physicians, nurses, and other health care staff. Theologically, the fact that across the globe the vast majority of people seek ultimate security in a relationship with a Higher Power indicates that because in the final analysis all secure attachments in a finite lifespan will wither, we need to feel loved by God, however defined, just as we need to feel loved by others. Human tranquility, serenity, and inner peace are to be found in the Ontological Generality, in a continuous *communitas* between God, self, and other. Might the vast majority of any associations between religion and health be the result of the fact that religions at their best provide the ultimate secure base in a temporal and frail mortal existence?

More Lasting Unions

Having just attended an ornate Hindu wedding ceremony in Connecticut, it occurs to me that perhaps religions benefit health mainly through encouraging more lasting unions through sacred ritual. In other words, the Ontological Generality creates a deeper and more lasting community between God, self, and other in the form of a God-centered marriage. It has been said that "the family that prays together stays together."

In her numerous studies, discussed in her book (with Maggie Gallagher), *The Case for Marriage*,[30] family sociologist Linda J. Waite makes the claim that married people live longer lives, have better health, and have happier and more successful children. This is especially true for married men. Waite makes the claim that wives encourage their husbands to take better care of themselves, while single men tend to be self-neglectful and engage in risky behaviors.

But such an explanation seems quite narrow. Nearly ten thousand men with high risk of heart disease were studied for over five years. Researchers from the Israeli Ischemic Heart Disease Study found that men were two times less likely to develop angina pectoris (chest pain from restriction of blood to the heart) if they felt they had a loving and supportive wife.[31] It may be the power of love rather than the mere insistence on getting to the doctor.

There is so much anxiety and ill health due to the instability of relationships in our modern culture. Marriages break up as soon as people realize that love requires patience and effort to be sustained. In the absence of that special form of the Ontological Generality that we refer to as sacred marriage, why make the effort?

Eschatological Visions of Social Status Inversion

Within the context of the Ontological Generality, we are all equal. This is not just equality with regard to the promise of eschatological equality and even prophetic reversal of status in the future. In the kingdom of God, the first will be last and the last will be first. But as a partly realized eschatology, the Ontological Generality in the form of a *communitas* of mutual love between God, self, and other has already radically eclipsed the social hierarchies of a distorted world of bullying, abuse, classism, racism, sexism, hypercognitivism, and the like. This suggests that especially for people of lower socioeconomic class, or who are in various ways oppressed in a world of exploitation and injustice, health benefits may be the result of the alleviation of low status realities in the outside world through a spiritual-religious restoration of elevated status at least within the community of believers.

In the late 1960s, there began a famous study of men in the British civil service. Called the Whitehall Study, it was directed by Dr. Michael Marmot, director of the International Center for Health and Society at the University of London.[32] Data showed that rates of mortality—from all causes, and separate from other risk factors such as smoking or drinking—consistently and steadily decreased as men's civil service grade increased. Every single man had equal access to health care, but the men on the lowest rung of the ladder had three times the mortality rate as those in the highest rungs. A twenty-five-year follow-up showed that this connection persisted after retirement and even among men in their eighties. Marmot concluded that stress might be the hidden factor. The lower your status, the more stressed you feel, and you are treated with less respect and have less control over your life. So mortality is linked with hierarchical status, and rank matters.

Following this theory, it could be the case that because some spiritualities and religions offer a strong sense of equality, and even a reversal of social status in the kingdom of God, they may buffer mortality rates for those who are otherwise in low status positions in society. This could explain some of the findings of Dr. Neal M. Krause around urban African-American believers.[33]

Proximate Intercessory Prayer (PIP)

In the lived *communitas* of the Ontological Generality, we speak not of Distant Intercessory Prayer (DIP), which seems to have been shown to be ineffective.[34] Rather, we speak of Proximate Intercessory Prayer (PIP), with the intense social interaction, the frenzied loss of self in ecstatic community, and the laying on of hands.

Indeed, this is a case where the gold standard method of a double-blind randomized control study completely blinded researchers to the actual phenomenology of proximate healing (e.g., as captured in the portraits of Jesus in the New Testament, or by the work of a Heidi Baker in Mozambique). One must be there, in the community, to observe in detail the dynamics of PIP and measurable outcomes.

One variable in the study of religion and health, then, is the extent

to which PIP is occurring in face-to-face interactions and perhaps showing effects by whatever mechanisms. The Ontological Generality may engage the energy of interpersonal healing with a passion and belief that is unmatched in any other context.

Avoiding Negative Behaviors

One assumes that members of any community grounded in the Ontological Generality will be living more idealistic life patterns of neighbor-love and benevolence. This alone should allow them to cultivate virtues rather than be susceptible to vices and their adverse effects. Pitirim Sorokin, in *The Ways and Power of Love* (1954), reported on his studies of mortality rates over the centuries.[35] He contrasted "aggressively egoistic" and "altruistic" people, designated as such by existing historical documentation. Sorokin found differences that he explained as follows:

> As to the comparative life spans of the aggressively egoistic and unaggressive altruistic human beings, the aggressive egoists and the leaders of aggressive social organizations have, as a general rule, a shorter life span than the saintly altruists and friendly good neighbors of the same countries and periods. The aggressive enmity, predatory ambition, strenuous competition, and insatiable pride of the egoistic individuals seems to adversely affect their physical, moral, and mental well-being in spite of a "conspicuous consumption," luxurious living, and full satisfaction of their biological needs. On the other hand, deep peace of mind, friendliness toward others, and devotion to God, Love, and Moral Duty seems to invigorate the health and prolong the life span of eminent and saintly altruists, in spite of their ascetic practices, lack of necessities, and other supposedly unhealthy conditions of their life and activity.
>
> This generalization is well supported by many sets of evidences: a) By the comparatively short life span of criminals, wretched kind of life they live, and by the highest rate of death by violence they die. b) By the data of psychosomatic medicine showing the negative influence of hateful, aggressive, and inimical emotions upon physical, moral, and mental health of individuals.[36]

Sorokin continued:

On the other hand, the life span of the saintly and eminent altruists has been far above that of their contemporaries. In spite of their asceticism, fastings, long vigils, and lack of many necessities they lived longer than their contemporaries, or even the monarchs and rulers of their time.

It is true that among the Christian Catholic saints the rate of death by violence was also exceptionally high during especially the first centuries of Christianity; all in all 37 percent of them died by violent death. . . . The vigorous vitality and comparatively long life of altruists are due to the beneficial effects of friendly emotions and altruistic disposition upon the health, longevity, and well-being of the individuals.[37]

He explained that while saints might die martyrs, those who did not have their lives cut short tended to live long lives, mainly due to positive emotions and altruistic dispositions. Aggressive egoists, by contrast, would more likely die younger by virtue of violence, and by negative emotions and their impact on health.

Sorokin, in *The Reconstruction of Humanity*, wrote that "love is one of the best therapies for curing many mental disorders; for the elimination of sorrow, loneliness, and unhappiness, for the mitigation of hatred and other antisocial tendencies; and above all for the ennoblement of human personality, for the release in man of his creative forces. . . ."[38]

The Encouragement of Altruism

Obviously, living under the sacred canopy of the Ontological Generality moves the self away from narcissism, solipsism, and sin. "I" becomes less important than "Thou." In a study that goes back to 1983, Larry Scherwitz and colleagues in California and Texas analyzed the speech patterns of 160 "Type A" personality subjects (i.e., always in a hurry, *easily moved to hostility and anger*, high levels of competitiveness and ambition) [emphasis added].[39] His findings showed that the incidence of heart attacks and other stress-related illnesses was highly correlated with the level of self-references (i.e., "I," "me," "my," "mine," or "myself") in the subject's speech during a structured

interview. High numbers of self-references significantly correlated with heart disease, after controlling for age, blood pressure, and cholesterol. The researchers suggested that patients with more severe disease were more self-focused and less other-focused. They recommend that a healthier heart can result when a person is more giving, listens attentively when others talk, and does things that are unselfish. There is something about being self-obsessed or self-preoccupied that seems to add to stress and stress-induced physical illness.

Health benefits in religion may be most easily explained with reference to the de-selfing that encourages altruism[40] in the intersection of the vertical and horizontal dimensions of the Ontological Generality. Members of congregations typically engage in helping activities, such as working on a Habitat House project or feeding the hungry. Altruism, even beyond the boundaries of the *communitas* itself, is encouraged. If altruism within limits is salutogenic, then this may contribute considerably to any health and religion associations, at least where the love of neighbor is truly lived out. It is fairly well established that the horizontal axis has clear benefits. 2010 was an exciting year for research on health, happiness, and helping others. For starters, in the United Healthcare/Volunteer Match Do Good Live Well Study,[41] an online survey of a national sample of 4,582 American adults 18 years and older, these remarkable facts stand out:

- 41 percent of us volunteer an average of 100 hours per year (males: 39 percent, females: 42 percent; Caucasians: 42 percent, African-Americans: 39 percent, Hispanics: 38 percent) (69 percent of us donate money).
- 68 percent of volunteers agree that volunteering "has made me feel physically healthier," 92 percent that it "enriches my sense of purpose in life," 89 percent that it "has improved my sense of well-being," 73 percent that it "lowers my stress levels," 96 percent that it "makes people happier," 77 percent that it "improves emotional health," and 78 percent that it helps with recovery "from loss and disappointment."

- Volunteers have less trouble sleeping, less anxiety, less helplessness and hopelessness, better friendships and social networks, and a greater sense of control over chronic conditions.
- 25 percent volunteer through workplace, and 76 percent of them feel better about employer as a result.

It would be difficult to identify any pill or vitamin with such a pronounced self-reported impact on so many lives. The survey was conducted by TNS (Taylor Nelson Sorfres), the world's largest custom survey agency, from February 25–March 8, 2010.

Ralph Waldo Emerson, in a famous essay, wrote, "It is one of the most beautiful compensations of this life that no man can sincerely try to help another without helping himself. . . ."[42] The sixteenth-century Hindu poet Tulsidas, as translated by Mohandas K. Gandhi, wrote: "This and this alone is true religion—to serve others. This is sin above all other sin—to harm others. In service to others is happiness. In selfishness is misery and pain."[43] The ninth-century sage Shantideva wrote, "All the joy the world contains / Has come through wishing the happiness of others."[44] Proverbs 11:25 reads, "[T]hose who refresh others will themselves be refreshed" (NLT). Martin Buber described the moral transformation of shifting from "I-It" to "I-Thou," from a life centered on self as the center of the universe around whom, like the sun, all others revolve.[45] This "I" relates to others only as means to its own ends. But the spiritual and moral self of "I-Thou" discovers "the other as other," and relates to them in compassion and respect. There is still an "I," of course, but a deeper and better "I"; science now shows a happier and healthier "I" as well. Every major religion recommends the discovery of a deeper and more profound human nature, designated in various ways as the "true self." In Acts 20:35 (KJV), we find the words, "It is more blessed to give than to receive," and these echo down into the *Prayer of St. Francis*.[46] Now science says it is so.

THE FIRST CAVEAT

People Who Live Close to the Ontological Generality in This World Should Expect Some Unrest, Making "Health" Less Important than Defending the Generality Itself

Martyrs are not seeking health and longevity. This is not to suggest that they need to be condemned (e.g., King, Bonheoffer). They are hopefully not seeking death, but it finds them and they accept it with courage. (Were they seeking destruction, we would be dealing with pathological masochism, which certainly does surface in the religious context.) Spirituality and religion should not be held hostage to health-related values in any absolute or primary sense. Penultimate values like health are very important, but they do not trump. Some things are more important than the preservation of health.

The greatest symbol of Unlimited Love is finally the Cross. Jesus was nothing but pure love. He helped people as a teacher and a healer, and they began to gather around him. He found happiness in giving. But regrettably, he ran into a man who sought happiness in material possessions, such as Judas with his thirty pieces of gold, or the money changers on the Temple steps. He ran into people who were seeking their happiness in political or religious power. In the end, they tortured him. Good things do not always happen to good people. But the worst thing is never the last thing because in the end love wins under all conditions so long as we persist in abiding in it. This is what Jesus did, and he was the victor.

In general, people who live loving lives find life gratifying, meaningful, joyful, and hopeful. While they love others for their own sake, as a by-product they come to realize that in the giving of self lies the discovery of a deeper and more flourishing self. They will often find renewal and resilience in this gift love when life gets challenging, as it can and does. Usually, they will find soul partners or deep friends who share their concerns and commitments as they journey in the path of love. Thus community forms around love. Love is not to be relegated to the arid, dry, lonely portrait of human suffering. There is buoyancy in love.

But sometimes love is utterly unappreciated, unacknowledged, and even mocked. People who love others and who have done no wrong may find themselves under attack, rejected, disrespected, and even hated. There is something about love that elicits fury, especially in those whose cynicism is threatened by love. The children of love do not seek their misery, nor should they ever. Such would be pathological. But sometimes suffering finds them, and they accept it. They wish it were not so, and yet they believe that if they continue to love to the very end, even unto death, there will be a mysterious new dawn that results, for their way of being in this world will leave its mark in ways great and small. Such unchanging love echoes in eternity.

Someone said that great visionary people have understood that doing the right thing will often cause some degree of misunderstanding and produce suffering. Other people expect goodness to be rewarded with trophies in one form or another. They sometimes lose faith and turn bitter when they encounter rejection and pain. But visionaries grow in faith during the desolate times. Other people perceive all pain as an evil waste. There is no greater visionary than the prophet who is responsible for the central chapters of Isaiah. This ancient seer saw that suffering could lead to healing and liberation.

We would prefer to think that loving servants of goodness would, after a long and healthy life, die peacefully in their beds and have all people speak well of them at their funerals. But this is too simplistic.

THE SECOND CAVEAT

Many Religious Traditions in Practice Distort the Ontological Generality and Become Horrifically Unhealthy

In a time when rage, fragmentation, and violence between the three Abrahamic faith traditions are so visible in our world, godly love faces major human impediments. Rescuing God's love and our world from the clutches and consequences of a demonic ethic glorifying separation, divisiveness, dominance, and cruelty is clearly no easy task. Perhaps the most hopeful resource for this rescue lies at the doctrinal core of each of the Abrahamic faith groups, regardless of the public mes-

sages of their leaders or proponents, at this or any other time, which might seem to argue quite the opposite.

This approach eschews the secular assumption that people in these traditions can or should take off their particular religious identities like clothes removed before a shower. The enlightened modernist may think in such terms, but most human beings around the world define themselves—their core identity, their values, their ultimate commitments—in terms of faiths that are absolutely essential. Thus, one must highlight the ideal of godly love for all people without exception through the windows of Abrahamic religious particularity. All three traditions also have theological warrants and casuistry for interreligious conflict. Which element dominates is dependent in large part on political, economic, and territorial scenarios.

At their best, each tradition has deepened the spirit of love in the world, from Damascus to the Holocaust rescuers under Trocme's guidance. How can we understand the profound goodness whereby people committed to love as inspired by their Abrahamic faith do deeds of radical goodness across group division, such as the Holocaust rescuers both Christian and Muslim?

Borrowing here from a list of questions drafted with Dr. Stephen Spector,[47] we might ask: What are the definitions and conceptual boundaries of divine love? Have these concepts evolved over time, in response to changing historical circumstances? What do sacred texts and holy people have to say? How do we access and manifest divine love? Are our love of God and our love of our fellow beings associated in some way? Are they inseparable (one joined to the other), conditional (one upon the other), hierarchical (one trumps the other), nested (one defined in terms of the other)? To what end does divine love influence the lives of individual human beings, the communion of believers, and the state of the world? Does divine love figure into discussions of personal or collective redemption or of eschatology? What are the forces arrayed against the apostles of divine love and what are the challenges to be overcome? What are the prospects of success? What are the major ways in which divine love has been distorted? When and where have

distortions occurred in the past? Are they present and visible today? How can such distortions be avoided or corrected? Who are the great historic exemplars of divine love? How did they confront apostasy and distortions of divine love? Were they ultimately successful in their work of restoration? In what ways did they fail? Are the resources that they drew upon, internal to their faith tradition, available to believers in the present day? What can we learn from people in history and alive today who have truly demonstrated a cosmopolitan love for those in other traditions, many of whom have been deemed a threat by those who love just some small fragment of humanity?

Toward the end of his life, Sir John Templeton expressed reasonable ambivalence over these faith traditions because of continued conflict that he counted among the most destructive impediments to human progress. While he acknowledged the importance of tolerance between the Abrahamic faiths, he clearly saw tolerance as a rather minimalistic rung in a ladder of attitudinal progress rising upward to respect, trust, and, ultimately, to an authentic love between three faith traditions that share a common vision of a God of Unlimited Love. The theme of love between the adherents of the three Abrahamic faith traditions shaped Sir John's development of *humility theology*. Concerned with the potential of terrorism, he wrote a book entitled *Pure Unlimited Love: An Eternal Creative Force and Blessing Taught by All Religions*.[48] Sir John cited passages from the scriptures and sages of the three faiths (as well as from non-Abrahamic traditions) underscoring God's love for all people without exception. He emphasized "how little we know" about spiritual realities, and how much progress could be made if these religions would all aspire to take to heart and learn more about the one great aspiration that they hold in common—Unlimited Love.

Each of these faith traditions offers guidance on how we may grow toward identifying with a shared humanity rather than a mere fragment thereof, and on how each of us may come to see ourselves in the other; each tradition at its best seeks to shape a normative religious experience that guides its adherents toward recognition of a common humanity with believers on different spiritual paths. However, each tra-

dition also contains restrictive elements that focus in a purely insular direction that may even devalue or demonize nonadherents. We do not assume that the Abrahamic traditions are identical in this regard. Yet each tradition can enunciate its commitment to Unlimited Love more vividly, and can be enhanced in the practice of such extensive love.

This theme of Unlimited Love is present in the sacred writings and the ideals of all the Abrahamic religions. To a significant degree, however, these great traditions have struggled to maintain their relevance, especially as secularism has partly eroded their confidence in the sacred.[49] The spiritual void left behind has found potent spiritualities anxious to fill the lacuna in a rising tide of fundamentalism, which has had a marked tendency toward an arrogant absolutism that demonizes and dehumanizes outsiders, redefining them as unworthy of God's love and grace.

Due to an emphasis on tribalistic elements in fundamentalist religion, over and above moral and ethical imperatives, norms of religious devotion may be observed to elicit harmful tendencies. The glorification of a favored identity (e.g., election, salvation) has made fundamentalism vulnerable to reifying the "otherness" of outsiders. This distorts the messages of love, unity, justice, compassion, kindness, and mercy that lie at the core of the great orthodox traditions, that serve to instill humility in religious believers, and that denote the essence of divine love.

Of course tribalism is not something that we question in its constructive form. The Abrahamic faith traditions are keenly cognizant of, and defined by, notions of peoplehood or nationhood. It does not serve to lay indirect blame for the crisis of our age at the feet of a generic tribalism. Common sense calls us to delineate the morally functional and dysfunctional, the good and the bad, in ritually bounded and supernaturally sanctioned communities. As Emile Durkheim observed, the members of tribal clans live in relationship with each other not primarily on account of shared kinship but due to mutual affiliation with totemic entities, including beliefs, that define the associative relations as sacred.[50] These tribalisms are functional—they serve to reaffirm and elevate the holiness of a people and thus ide-

ally inspire and enable greater and more successful acts of communal and worldly service to exemplify that holiness.

By contrast, the tribalism that loses sight of a shared humanity is prone to moral dysfunction. *In extremis*, the tribal instinct as manifested within contemporary religious fundamentalists is not so much about affirming or elevating one's own holiness or sacred status for instrumental purposes as about judging and distancing oneself from otherness. The "other" is stigmatized, condemned, and avoided like the plague—and left to its reward in hell. In the contemporary world, systems of political-economy have been used by fundamentalists in attempts to marginalize and even criminalize the "other."

As I have written (again with Dr. Spector),[51] this runs counter to the founding principles of the aforementioned tribal religions. Instead of engendering withdrawal within our tribal borders or, alternatively, militant reaction, our contacts with the "other" can present challenges of learning and growth. We can come to see in our brothers and sisters distinct reflections of our mutual oneness that perhaps we cannot see through our own cultural lenses. Engaging the divine in our fellow beings thus presents opportunities to better recognize our own divine nature. *The enemy of progress is not tribalism* per se*, but rather the exploitation of tribalistic impulses dormant in respective religious traditions in order to marginalize, condemn, and attack other tribes, rather than to achieve Unlimited Love*.

Drawing here again on Sorokin's 1954 classic, *The Ways and Power of Love*, he developed a measure of love that involves five aspects. The first aspect of love is *intensity*. Low intensity love involves minor actions, such as relinquishing a bus seat for another's comfort; high intensity, by contrast, engages elevated levels of time, energy, and resources on the agent's part. Sorokin did not see the range of intensity as scalar—i.e., research cannot indicate "how many times greater a given intensity is than another,"[52] but it is possible to see "which intensity is really high and which low, and sometimes even to measure it."[53] The second aspect of love is *extensivity*: "The extensivity of love ranges from the zero point of love of oneself only, up to the love of all mankind, all

living creatures, and the whole universe. Between the minimal and maximal degrees lies a vast scale of extensivities: love of one's own family, or a few friends, or love of the groups one belongs to—one's own clan, tribe, nationality, nation, religious, occupational, political, and other groups and associations."[54] Sorokin had immense respect for family love and friendships, but he clearly thought that people of great love lean outwards toward all humanity without exception, and that truly great lovers inspire others to do the same. He understood human beings to have pronounced tendencies toward insular group love, and he argued that religion at its best moves agents beyond their insularities to humanity and even all life.

Sorokin was a scientific optimist, hoping that enhanced understanding might unlock the "enormous power of creative love"[55] to stop aggression and enmity and contribute to vitality and longevity,[56] cure mental illness, sustain creativity in the individual and in social movements, and provide the only sure foundation for ethical life. Sorokin's general law is as follows:

If unselfish love does not extend over the whole of mankind, if it is confined within one group—a given family, tribe, nation, race, religious denomination, political party, trade union, caste, social class or any part of humanity—such in-group altruism tends to generate an out-group antagonism. And the more intense and exclusive the in-group solidarity of its members, the more unavoidable are the clashes between the group and the rest of humanity.[57]

Moreover, in-group exclusivism has "*killed more human beings and destroyed more cities and villages than all the epidemics, hurricanes, storms, floods, earthquakes, and volcanic eruptions taken together. It has brought upon mankind more suffering than any other catastrophe*."[58] What is needed, argues Sorokin, is enhanced extensivity.

Sorokin placed his faith in science, as we do:

Science can render an inestimable service to this task by inventory of the known and invention of the new effective techniques of altruistic ennoblement of individuals, social institutions, and culture. Our enormous ignorance of love's properties, of the efficient ways of its production, accumula-

tion, and distribution, of the efficacious ways of moral transformation has been stressed many times in this work.[59]

CONCLUSIONS

Let us completely rebuild the field of religion and health without the agenda of proving that "religion is good for health." Honesty and objectivity require greater nuance. To date, the field has been too easy on itself, and has suffered the consequences. We need something more nuanced. Part of the problem is the inevitable result of a field where serious dialogue between theologians and researchers has never occurred at the deepest level, nor engaged the best theological minds. I have tried to suggest how a theological anthropology, the Ontological Generality, can help to at least open up the interpretive complexity of any association between religion and health. I have also suggested that research need to focus on the specifics of those traditions that are salutogenic, and be clear in asserting that many religious and spiritual traditions are notably unhealthy—as when the Jain mystic starves himself to death rather than take the chance of injecting anything living, including such things as bacteria or yeast.

The field is suffering because few scholars in the field are thinking out of the box, or offering new creative visions. Part of the problem is that major theological minds and comparative religion scholars should be front and center, but the field has done a poor job to date of drawing in these more conceptual thinkers. High-level scientific researchers should be in significant and sustained dialogue with these different sorts of minds, for otherwise they tend not to ask new and better questions. Instead, they get stuck in what they know—the technocracy of method. Social science is inherently reductive. Technocrats have overwhelmed visionary minds, and yet the two need each other in a creative synergy that has not happened. Thus, there has been an unnecessary and counterproductive divide between the researchers and the theologians. Because the former are too simple with their numbers and incapable of deeper interpretations, that latter have wished no association with such medicalization.

The field needs a rebirth. This will need to involve high-level religious scholars, positive psychologists, theologians, experts in preventive and behavioral medicine, global health sociologists of religion, cultural anthropologists who study health-related rites of passage, medical/health historians, researchers who have studied mortality and prolongevity in relation to many variables (optimism, happiness, altruism, curiosity, social capital, lasting marriages, faith, religion, spirituality, creativity, social status, race and class, ethnicity, etc.), and many others who are ready for an integrative maturity, etc. We need researchers who have a genuine interest in dialogue with religious thinkers, and vice versa. Theology and *praxis* in faith community must be much more involved and shaped, which means that leading academics and clergy (including from all Abrahamic faiths) must be engaged seriously. We need to consider visionary goals that only come from melding deep science, deep religious thought, deep integration, deep strategy, and leadership that does not accept the silos of the past.

NOTES

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