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Interview with Dr. Leonard Syme

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Editors' Note: The PHRS Bulletin expects to feature a series of interviews with influential contributors who have shaped the field of public health, religion, and spirituality. Here we are pleased to present the first of these interviews.

WE present an interview with **S. Leonard Syme, PhD**, Professor Emeritus of Epidemiology and Community Health Sciences at the University of California Berkeley. Dr. Syme was pivotal in leading epidemiologists to focus on the role of religion/spirituality in large public health studies of the early 1960s. He was also one of the founders of social epidemiology, which is now well-established in many schools of public health and supported by several textbooks. Dr. Syme (see photo) was interviewed for the *PHRS Bulletin* by graduate students Angela Monahan and Auwal Abubakar of U. C. Berkeley, and by Josh Williams, Assistant Professor at University of Colorado Denver School of Medicine.

Angela Monahan: How did you become interested in investigating spirituality/religion and health relations?

Leonard Syme: I was a sociology student and was invited to the very first fellowship program in the world linking sociology with health and medicine. I chose to do my research on sociology in medicine, the concentration with the least amount of research or data collected on it. In that context, I studied the work of Emile Durkheim, the French sociologist. He wrote the very first book on the importance of religion for health, studying suicide as his example.

My very first job after school was working with the Heart Disease Control Program in the U.S. Public Health Service. As I was getting organized in that work, one of the staff members of the program came to me asking for help with writing a questionnaire to study the rumor that people with high fat diets had higher levels of cholesterol and higher rates of disease. She chose to study a group of Seventh Day Adventists in a place called the Washington Sanitarium, who were all basically vegetarians. I helped with the questionnaire, but because I had been studying Durkheim's work, I asked to include three questions about religion at the end of the questionnaire. She said okay.


S. Leonard Syme

In those days, all questionnaires had to be submitted to the US bureau of the budget to get clearance. In two weeks, we got back the questionnaire, accepted as is except for the three questions at the end. The government wouldn't let me ask about religion! So, I resigned. The next day, I received a call from the Assistant Surgeon General wondering why I was resigning. I said, "I'm a sociologist, I study what people believe, and if I can't ask these three questions about religion, I don't have a place here!" I was told to not be so hasty and asked if there was evidence of religion affecting health. I said of course there is, even though I had no idea for sure at the time. So, I was given three weeks leave to go dive into the subject and write a paper arguing for studying religion.

I came up with a very impressive paper arguing that religion does have an impact on health. I sent it to the Assistant Surgeon General and they called me back saying the research was very important and they saw my point. However, we would have to deal with the constitutional issue of asking these three questions [as there were policies against asking about religion in government surveys at the time]. They ended up revising the government rule [to make it possible in the future] that you can ask about religion if you show it will do more good than harm. That was my first job and first experience with religion.

Auwal Abubakar: What first made you think that there might be religion/health connections? Were there ideas you learned in your sociology training that made you think there might be connections?

Leonard Syme: Durkheim's work on suicide. He had a whole section on the importance of religion that caught my attention. This was not a topic we discussed, except in divinity schools or medical schools.

Angela Monahan: We've heard from some of your former students and from yourself about how Durkheim influenced your thinking. Were there other influences on your thinking that helped you see the possibility of R/S health connections?

Leonard Syme: When thinking about health, consider health as a symphony orchestra. You can know all about every instrument in detail involved in a symphony, but that has nothing to do with symphony music. The sound you get from a symphony is not describable in terms of the sound you get from those individual instruments. One is necessary for the other. It's very much like clinical medicine and how we study individuals but having this group influence took us to a totally different world. That was part of Durkheim's argument. He was talking about the importance of the group as distinguished from the individuals that make up the group. The whole is more than the sum of the parts.

It's very challenging to change a whole perspective [on public health]. You'd think the study of health is easy but turns out its multidimensional. I've been doing this now for 60 years, and I've studied probably all the things you can think about, but after all this time, I've finally come to the understanding that everything I've done has been misguided and I finally know the real issue: children. You can spend the rest of your career trying to repair the damage, but early intervention to me is the key. So, I made a change to my whole view of what needs to be studied, what the priorities are, because the influence of the early years is so profound, it just blurs everything else. And pediatricians do not have an audience. In public health, we study other things and rarely do we study children because they do not have enough disease. If a young child is basically healthy, they're not an interest, and that really is a major tragedy.

Josh Williams: In your experience Dr. Syme, have you had a warmer reception with your religion research amongst clinicians versus public health officials? Could you contrast those two?

Leonard Syme: Clinicians don't have a problem with it. Clinicians deal with individuals and understand the importance of these things. Public health? Basically zero. It's very strange. Trying to introduce this topic to the world of public health is a very important issue but very challenging.

Auwal Abubakar: You're viewed as one of the founders of the field of social epidemiology. Should religion and spirituality be thought of as important social factors that should be addressed in social epidemiology?

Leonard Syme: That's a good question. If we're talking about the influence over our health and wellbeing, that's what social epidemiology is all about. How can you not talk about religion? This is not to talk about the importance of your religion, my religion, or their religion, we're talking about this idea of spirituality. In fact, I've been arguing with Dr. Doug Oman about getting rid of the word 'religion' and just going with spirituality. He

wants to keep the world religion, but to me, all it does it cause controversy. I think spirituality is a much more neutral and meaningful term.

Angela Monahan: There was a question about religion in the Alameda County Study that you helped design (with Lester Breslow). What made you think to include the religion question(s)?

Leonard Syme: That's an interesting question. I had done a major study of heart disease in populations of Japanese descent. The Japanese had one of the lowest burdens of heart disease in the world. That was a major issue, and I wanted to study why that was so. Everyone believed it was either their diet or genetics, and I didn't think so. I got a grant to study 18,000 Japanese migrants from Japan to Hawaii and California. We found a very low rate in the Japanese in Japan, a rate five times higher among Japanese in San Francisco, and an intermediate rate in Hawaii. What explained that? Turned out, it was not diet at all. The diet was much more westernized in San Francisco, but that did not account for the increase in the disease rate. Genetics is an obvious important risk factor for heart disease, but we saw that those who moved to Hawaii had half the disease rate of those that moved to San Francisco, and it wasn't genetics.

So, what was going on? I saw that problem and handed it to a student, who did a brilliant doctoral dissertation. Do you know the name Sir Michael Marmot? He is one of the most famous public health professionals in the world. He's done the most important work on the most important risk factor for heart disease – social class. He's revolutionized a whole field on that. He found that people who ate Japanese diets and adopted Japanese ways in America had low rates similar to if they were living in Tokyo. Additionally, he found that Japanese migrants who had a more westernized diet and lifestyle had much higher rates of heart disease.

I went to Japan four or five times to figure out what was going on, and I taught another doctoral student: Lisa Berkman. She went out in Alameda County to look into this problem. She had a suspicion that the Japanese were better connected to each other than Americans. My interviews in Japan suggested that was true. So, she did the first study ever on the importance of being connected to others, and it was the Alameda County Study. It turned out that the social connection question, which we now call social support, was more powerful than we could have imagined. That concept has now been studied in more than 300,000 people, all over the world, in all ages, and it is the most important risk factor for chronic heart disease, after adjusting for smoking, diet, blood pressure, etc. Being connected to others is really powerful and it's been shown in every study since then.

Josh Williams: With that in mind, how would you respond to recent articles in respected Public Health journals that applaud the positive impact of faith-based organizations on public health but say it is neither the place of medicine (nor public health) to quantify how religion/spirituality impacts health?

Leonard Syme: In 1958, when the Assistant Surgeon General said to me that the study of religion was inappropriate in public health, I would say it's exactly what we're hearing today and there has been no change. The evidence exists against that viewpoint, but we've never been really able to make a case. So, I don't know how to deal with it. I think if you got rid of the word religion and called it spirituality or something else, I think we'd have a better chance. The word religion is almost a bad influence, it divides people into different groups that complete with each other. We discriminate against one another, we go to war with each other, and that's not what we're talking about. Religion is a polarizing word.

Josh Williams: What do you think the most effective strategy would be to increase awareness of the impact of spirituality on public health?

Leonard Syme: Wow, what a good question. The obvious answer, which I think is wrong, is to show the studies that make the most difference. But we've been doing that for a long time, and it

doesn't seem to help. It's easy to say that certain religious groups, like Seventh Day Adventists, have low rates of chronic disease; we say it's their vegetarianism. We never talk about the fact that they have a coherent way of organizing their thoughts. We've never gone there. You guys need to do this now.

Angela Monahan: You've been involved with recent activities at UC Berkeley on spirituality/religion and health — you helped lead the University of California Berkeley faculty Working Group on religion/spirituality activities in 2013 and 2014, you were involved with the collaborative efforts with other schools in 2015-2017 when leaders met in Berkeley (in 2015), you coauthored two chapters to Dr. Oman's 2018 book, and you have helped/advised on the current traineeship. Is there anything you'd like to say about all of your experience?

Leonard Syme: Yes, you've completely exaggerated my influence. I'm always in the background. The idea of getting social epidemiology on the map was an interesting phenomenon. I started in 1968 and got the first full grant in the world to look at this stuff. I remember I decided to get a training grant to help support this work. I got a training grant from the heart institute and I got that for 25 years, one of the longest running training grants ever. Finally, in the end, they said "we're not going to support you anymore. You're not doing heart disease anymore; all these years and you hardly even mention it anymore. Now you're doing health and wellbeing, and heart disease is part of the story, but we can't support that anymore." That was an interesting comment. I started out with heart disease because that's where the data was, but after a while we ended up talking about much broader issues than that. But try to get a grant now to study these issues in health and wellbeing, I wouldn't want to try.

Josh Williams: One last question for you, Dr. Syme: as a researcher who's young in his career, I'm often making mistakes and learning from them. Are any specific learning opportunities you've had over the course of your career that have been especially helpful while studying religion and public health? What advice would you give to those reading this interview to avoid repeating those same mistakes?

Leonard Syme: You have to have solid data. Beyond question. I'm talking about rigorous statistical methods with the most rigorous designs imaginable, because we're talking about such a fuzzy topic that if you don't have somewhat solid data, you won't be taken seriously. Does solid data solve the problem? No, but it's really necessary. As a clinician, it's hard to summon that kind of fancy, sophisticated statistical analyses and methods these days, but you have to make that connection and keep those people involved with you. Otherwise, you'll be eating dust.

This interview with Dr. Leonard Syme took place on October 7, 2019, on campus at the University of California Berkeley. The transcript has been edited for clarity and brevity.

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