Public Health, Religion, and Spirituality Bulletin
Fall 2020, Issue 3, pp. 18–20
[Online 11 Nov. 2020, Article A016 • ISSN 2689-7024]
https://publichealthrs.org/a016/

What Have We Learned about Religion, Spirituality, and Health in the MASALA Study of U.S. South Asians?

Blake Victor Kent[1]

Editors' Note: Among many types of articles published in the PHRS Bulletin*, we include articles written by researchers who work at the intersection of religion, spirituality, and public health. These pieces are meant to provide an accessible overview of key findings, link readers to high-quality empirical work, and stimulate new ideas for research and collaboration. In this piece, Dr. Blake Victor Kent presents an overview of work by himself and others through a consortium exploring religion, health, and spirituality among South Asian populations in the United States.*

THousands of studies have been conducted on religion/spirituality (R/S) and health, but in the U.S., many population samples often have substantial majorities that are Christian and white. Some ongoing cohort studies of minorities—like the Hispanic Community Health Study/Study of Latinos—include a sizeable number of R/S questions, but other racial and ethnic groups remain under examined. One such group is South Asians in the U.S., which constitute the fastest growing minority population while also representing a disproportionate burden of cardiovascular disease (CVD). To examine this pressing concern, the MASALA Study (Mediators of Atherosclerosis among South Asians Living in America) began ten years ago under the direction of Dr. Alka Kanaya, Professor of Medicine at the University of California, San Francisco.

Five years ago, MASALA partnered with Dr. Alexandra Shields, Associate Professor of Medicine at Harvard Medical School, becoming a member of the National Consortium on Stress, Spirituality, and Health. The Consortium, which includes several other ongoing cohort studies, developed an 82-item R/S questionnaire to distribute alongside MASALA's ongoing data collection efforts, opening up new avenues to examine R/S and health in this population. Prior to the current collaboration between MASALA and the Consortium, only a handful of studies had examined R/S and health among U.S. South Asians, including one on religious affiliation and obesity in MASALA and one on religiosity and negative affect in a Southeastern community sample (Bharmal et al., 2018; Diwan et al., 2004). While examinations of CVD are not yet complete, a team of Consortium researchers, including the present author, recently published three new papers, providing an important foundation for future work focused on the South Asian population (Kent et al., 2020; Stroope et al., 2020a, 2020b).

These studies assessed cross-sectional relationships between religion and spirituality and four outcomes: self-rated health, depressive symptoms, trait anxiety, and trait anger. Due to the large number of R/S items available, different sets of R/S variables were used in each study. One study focused on religious group involvement, assessing variables that included religious affiliation, religious attendance, participation in group prayer outside of religious services, giving and receiving love and support to and from fellow congregants, experiencing neglect by fellow congregants, and being criticized by fellow congregants (Stroope et al., 2020b). A second study investigated private religious and spiritual practices and beliefs, which included frequency of prayer, yoga practice, belief in God/the divine, gratitude, non-theistic daily spiritual experiences, theistic daily spiritual experiences, feelings of closeness to God/the divine, positive religious coping, negative religious coping, religious and spiritual

struggles, and feelings of hope in God/the divine (Kent et al., 2020). And a third short study looked at one variable: the degree to which people consider themselves to be religious or spiritual (Stroope et al., 2020a).

The first study on religious group involvement revealed several findings (Stroope et al., 2020b). In well-controlled models, Jains reported better self-rated health than Hindus and Muslims. Group prayer outside of religious services was associated with better self-rated health and mental health, along with lower anxiety and anger. Giving and receiving love and care in the congregation was linked to better self-rated and mental health, along with lower anxiety. Experience of criticism from congregation members was associated with higher anxiety and anger. Many of these results follow patterns identified in studies of other groups, largely indicating that participation in group religious practices is related to good health. Congregations provide places for friendship, acceptance, reinforcement of cultural norms and beliefs, and experiences of the transcendent. They also provide relationships that can lead to practical forms of material support, such as financial assistance in hard times or help with transportation.

This analysis also found religious service attendance was associated with higher levels of anxiety. One explanation that could be applied to this finding is the concept of "resource mobilization." In short, when people experience distress, they turn to sources of support to find help, and oftentimes that means religious resources. Thus, increased anxiety would hypothetically lead to increased attendance as a form of coping. This cross-sectional pattern may have emerged in this population since Hindus, which form the bulk of the sample, attend public worship events at a lower level than adherents to many other major traditions; Hinduism does not emphasize regular temple visitation. As a result, it's possible an uptick in attendance vis-à-vis anxiety was more readily identifiable in this population because of the lower levels of baseline attendance.

The second study on private religious beliefs and practices revealed a number of interesting findings (Kent et al., 2020). Yoga, gratitude, non-theistic spiritual experiences, closeness to God, and positive coping were associated with better self-rated health. Gratitude, non-theistic and theistic spiritual experiences, closeness to God, and positive coping were associated with better mental health; negative coping was associated with poorer mental health. Gratitude and non-theistic spiritual experiences were associated with less anxiety; negative coping and religious/spiritual struggles were associated with greater anxiety. Non-theistic spiritual experiences and gratitude were associated with less anger; negative coping and religious/spiritual struggles were associated with greater anger.

The most consistent of these variables was non-theistic daily spiritual experiences, which was beneficially associated with all four of the outcomes. This measure assesses the degree to which an individual lives in the moment and makes spiritual connections between themselves and the world around them. For example, one item states, "I experience a connection to all of life," and another reads "I am touched by the beauty of creation." Such "in-the-moment" presence appears strongly related to well-being, regardless of one's religious affiliation, and we have found that the measure may be well-suited for examining Dharmic faiths (i.e., Hinduism, Jainism, Sikhism, and Buddhism). There is some controversy over a potentially tautological association between non-theistic spiritual experiences and some mental health outcomes, leaving the door open for future research to explicitly examine these associations more closely (Koenig, 2008).

The third study examined the extent to which people characterized themselves as religious and/or spiritual (Stroope et al., 2020a). Interestingly, we found that being both "very" religious/spiritual or "not at all"

religious/spiritual were associated with lower levels of anxiety and higher levels of self-rated health, whereas those identifying as "slightly" or "moderately" religious/spiritual reported higher levels of anxiety and lower levels of self-rated health. This non-linear pattern has been seen in a small number of other studies and reveals the possibility that those who are very secure in their faith and those who have no faith at all experience similar levels of mental health (Galen et al., 2011). It is those who are uncertain of their faith—those who are "somewhere in the middle"— that tend to report worse health. This makes a good deal of intuitive sense, since experiences of doubt or frustration in one's faith are likely to be associated with various forms of ill health, as are experiences of being "out of sync" with family and friends that differ significantly on religious belief and practice. This dynamic between confidence in one's religious commitments (or lack of commitments) and better mental health is also worthy of ongoing investigation among a variety of religious traditions.

We participants in the partnership between the National Consortium on Psychosocial Stress, Spirituality, and Health and MASALA (along with other participating cohorts) are very hopeful that our collaboration will enrich our understanding of religion/spirituality and various psychosocial and clinical disease end points. We have only begun to examine these rich data and look forward to shedding more light on associations between R/S and health in the U.S. South Asian population in the coming years.

References

Bharmal NH, McCarthy WJ, Gadgil MD, Kandula NR, Kanaya AM. The Association of Religious Affiliation with Overweight/Obesity Among South Asians: The Mediators of Atherosclerosis in South Asians Living in America (MASALA) Study. *Journal of Religion and Health*. 2018;57(1):33-46. https://doi.org/10.1007/s10943-016-0290-z

Diwan S, Jonnalagadda SS, Balaswamy S. Resources Predicting Positive and Negative Affect During the Experience of Stress: A Study of Older Asian Indian Immigrants in the United States. *Gerontologist*. 2004;44(5):605-614. https://doi.org/10.1093/geront/44.5.605

Galen LW, Kloet JD. Mental well-being in the religious and the non-religious: evidence for a curvilinear relationship. *Mental Health, Religion & Culture*. 2011;14(7):673-689. https://doi.org/10.1080/13674676.2010.510829

Kent BV, Stroope S, Kanaya AM, Zhang Y, Kandula NR, Shields AE. Private religion/spirituality, self-rated health, and mental health among US South Asians. *Quality of Life Research*. 2020;29(2):495-504. https://doi.org/10.1007/s11136-019-02321-7

Koenig, H. G. (2008). Concerns About Measuring "Spirituality" in Research. *Journal of Nervous and Mental Disease*, 196(5), 349–355. https://doi.org/https://doi.org/10.1097/NMD.0b013e31816ff796

Stroope S, Kent BV, Zhang Y, Kandula NR, Kanaya AM, Shields AE. Self-Rated Religiosity/Spirituality and Four Health Outcomes Among US South Asians: Findings From the Study on Stress, Spirituality, and Health. *Journal of Nervous and Mental Disease*. 2020a; 208(2):165–168. https://doi.org/10.1097/NMD.0000000000001128

Stroope S, Kent BV, Zhang Y, Spiegelman D, et al. 'Mental health and self-rated health among U.S. South Asians: the role of religious group involvement.' *Ethnicity & Health*. 2020b; online before print. https://doi.org/10.1080/13557858.2019.1661358

---

[1]^ Blake Victor Kent, Ph.D., Assistant Professor of Sociology, Westmont College (bkent@westmont.edu); Research Associate, National Consortium on Psychosocial Stress, Spirituality, and Health.