



Spirituality and Health for Women of Color

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Spirituality among African American and Hispanic women has been associated with a variety of positive health outcomes.

The purposes of this commentary are (1) to define spirituality, comparing it with religiosity, and briefly examine the historical, cultural, and contextual roots of spirituality among women of color; (2) to explore research data that support a relationship between spirituality and health, particularly among women of color; and (3) to present several examples of how spirituality may enhance public health interventions designed to promote health and prevention. (*Am J Public Health*. 2002; 92:557-560)

WOMEN'S SPIRITUALITY

significantly influences what they think and believe. Spirituality is associated with positive health outcomes for women, from improved perception of health status and increased rates of mammography to the ability to withstand poverty or the diagnosis of HIV. The relationship between spirituality and health provides an important perspective for public health intervention. In this commentary we focus on Hispanic women, particularly Mexican Americans and Puerto Ricans, and African American women. These groups together constitute the largest number of women of color in the United States. Space limitations prevent the consideration here of spirituality and health among other women of color, who also have a rich spiritual heritage.

SPIRITUALITY AND RELIGIOSITY

Spirituality is difficult to define. On one hand, it may mean an inner quality that facilitates connectedness with the self, other people, and nature—a relative quality that each person defines uniquely. On the other hand, the traditional definition involves one's acknowledgement of and relationship with a Supreme Being. Traditionally, "spirituality is often defined as a basic or inherent quality in all humans that involves a belief in something greater than the self and a faith that positively affirms life."^{1(p257)} For many women of color, it appears that the traditional definition is more apt.

Religiosity, a related concept, refers to religious attendance, practice, or activity. Many people profess spirituality without religious affiliation. Some even consider religiosity a barrier to spirituality. Religiosity influences the response to signs and symptoms of illness through rituals associated with disease prevention and health protection. Social, moral, and dietary prescriptions that promote health and communal religious activities that increase social support are among the effects of religious involvement.

Research associates both spirituality and religiosity with the health of women of color, and a growing body of literature attempts to provide operational clarity to both. Taken together or separately, religiosity and spirituality provide a framework for making sense of the world and coping with life.¹

Our work with African American and Hispanic women leads us to conclude that many in these groups, even if they do not hold formal membership in a religious body, describe themselves as Christians and generally embrace Christian notions of spirituality. That many of these women tend to equate spirituality with religious practice is borne out in qualitative studies in which women identify church attendance, Bible study, and prayer as examples of spirituality. Willard describes Christian spirituality as centered in the idea of a transcendent life characterized by notions of accountability, judgment, and the need for justice.² This version of

spirituality has been equated with a relationship of the whole person to a personal God and to other people that is imbued with deep moral and ethical implications.³

Christian spirituality among people of color tends not to be abstract but to be deeply rooted in relationships and the community. Christian spirituality is viewed as an extension of the cross of Christ: vertically, through a recognition of God's love, justice, and mystery and a surrender to God's sovereignty; and horizontally, through an extension of God's kingdom through compassion, sacrifice, and service in the world. The person who is characterized by this type of spirituality views herself as a part of the active, sovereign, saving activity of God. To the extent that the ideal state of humankind in the Christian worldview is an expression of God's intention, health and well-being are highlighted.

A limitation of this presentation is that the varied faith traditions of many women of color are not described. For example, since the 1950s many Black women have embraced Islam, with its strong emphasis on submission to the will of Allah, on community, and on a sense of mission. In addition, research has not addressed adequately the experience of a growing number of women of color who embrace a secular spirituality as defined by influential figures in the popular culture, such as Oprah Winfrey. It should also be noted that religiosity waxes and wanes over time and that there appear to be sig-

nificant generational differences in religious practice. Further exploration may fully describe concepts of religiosity and spirituality for women across cultures, generations, and faith traditions.

HISPANIC CULTURAL CONSIDERATIONS

In spite of wide variability among subgroups, the Hispanic population of the United States exhibits some common cultural themes. Most Hispanics view health and disease or illness (*enfermedad*) as holistic, including spiritual, moral, somatic, physiological, psychological, social, and metaphysical dimensions. Both health and *enfermedad* are seen as coming from God, as gift or punishment. Conformity to God's will in response to disease is a frequent theme. Disease is also seen as an imbalance within the person or with the environment.⁴

For Hispanic women, mind, body, and spirit are inseparable. Hispanic families are likely to resort to home remedies, with women often acting as healers. Older women may serve as health practitioners, called *parteras* or *curanderas*, or provide information about health. *Curanderismo*, or folk healing, is closely related to religious practice.⁵ "For many Hispanics, health and illness also include the spiritual nature of a person. Certainly, religious beliefs greatly influence attitudes toward life, health, illness, and death."^{6(p214)}

Mexican Americans

The belief in the unity of mind, body, and spirit in harmony with the environment is expressed in the practice of *curanderismo* among many Mexicans and Mexican Americans. As a combination of elements from

Aztec and Spanish cultures and spiritualistic, homeopathic, and modern medicine, *curanderismo* finds its origins in pre-Columbian beliefs as influenced by 16th-century Spanish health care traditions. *Curanderismo* cures by employing herbs, ritual prayer, music, dance, and massage. Belief in the harmony of mind, body, and spirit is also prominent in the Catholic tradition, to which many Mexican Americans adhere.⁶

Puerto Ricans

Religion and belief in the supernatural are important elements of the core values of Puerto Ricans. Promises of a religious nature are often made in response to illness or other problems. While the majority of Puerto Ricans are Roman Catholic, many are joining fundamentalist Christian denominations. Catholic beliefs exist in a syncretistic blend with *Santería*, *espiritismo*, and *curanderismo*.

Santería, an African-Cuban religious tradition combining Catholicism with Nigerian tribal beliefs and practices, includes belief in the magical and medicinal properties of flowers, herbs, weeds, twigs, and leaves.

Espiritismo is the belief in communication with spirits. Its practitioners may carry amulets or medals to protect against evil.

Curanderismo, for Puerto Ricans, is a system of holistic folk healing involving faith in both natural and supernatural illnesses, a connection to the spiritual world, and a view of God's will. Healing is mediated through recognized members of the community who work through the person's faith in the treatment process.⁷

Spirituality for Hispanic women is thus a blending of

Christian beliefs with pre- and postcolonial indigenous and imported influences.

AFRICAN AMERICAN CULTURAL CONSIDERATIONS

Research supports the importance of religious involvement in the lives of Black people, who are more likely than Whites to pray privately, practice religious rituals, attend religious services, and believe that the Bible is the word of God.^{8,9} Black elderly people indicate that religion provides comfort during stress.¹⁰ Black caregivers see God as a source of help and score higher than White caregivers on measures of prayer and comfort from religion.¹¹

Prayer, the Bible, and the church community are the resources religious Black women use to meet daily needs.¹ These women hold belief in God and prayer to be health-protective behaviors, and they are more likely to participate in institutional religious activities, attend church, and pray than are Black men.¹²⁻¹⁴

Womanism, a Black feminist perspective, offers a framework through which to explore African American women's spirituality. Baker-Fletcher credits womanism with Black women's redefinition of their womanhood in contrast to stereotypes perpetuated during slavery and segregation.¹⁵ Prominent among womanist concerns are "right" relationships between Black men and women and an emphasis on family and community.¹⁶ Strongly influenced by a theology of liberation, much of womanist scholarship defines the health of the person and the community as the absence of oppression. This emphasis on the

notion that God identifies with and liberates the oppressed is a central theme of the womanist religious perspective.

Historically, spirituality for Black women is centered in slavery, with its attempt to destroy African culture, its sexual abuse of Black women, and its separation of families.¹⁷ In spite of these hardships, enslaved women were able to transcend and transform their experiences through a spirituality that provided hope in personal and community relationships. Enslaved women embraced a religious experience that affirmed the presence of God in their struggle.¹⁶ Their spirituality was focused and defined in a communal religious experience.

Since slavery, the Black church has served a critical role in Black women's lives. God is seen as a deliverer from unjust suffering and the comforter in times of trouble.¹⁸ The church provides spiritual renewal and empowerment. In Black churches women feel free to receive and exhibit the reviving power of the Spirit as a healing resource supplying meaning in the midst of trials and tribulations.¹⁵ The overt expression of emotion in Black churches offers an outlet for pent-up anguish. Women become therapists to each other and the church assumes the role of "an asylum of therapeutic assistance," as well as a place of shelter.¹⁸

RESEARCH ON SPIRITUALITY, RELIGIOSITY, AND HEALTH

Studies indicate that spirituality may influence self-esteem and a sense of belonging, sustaining valued health behavior. Spiritual

support can enhance positive evaluations of and adaptations to traumatic events and protect against stress-related diseases.¹ People who are experiencing serious health threats or who have received serious medical diagnoses report higher levels of spiritual well-being than other people. Inverse relationships have been demonstrated between spiritual experiences of self-transcendence and mental distress. Positive relationships have been found between belief in God or a Higher Power and life satisfaction and health-promoting attitudes. Spirituality and religiosity have been associated with lower blood pressure, better immune function, and decreased depression.²

In a decade of investigation, Levin and his associates have extensively tested a model that incorporates 3 dimensions of religious involvement: organizational, nonorganizational, and subjective religiosity. This model has been used to study religiosity related to gender, age, ethnicity, and various health conditions,¹⁹ employing data from the National Survey of Black Americans, other national surveys, and multigenerational studies of Mexican Americans in Texas. Positive relationships between religious involvement and health have been found in many areas,^{20,21} including self-ratings of health,²² long-term well-being and life satisfaction,^{23,24} and psychological well-being.²⁵

Research data suggest that the effects of living in dilapidated neighborhoods are completely offset for elderly persons who rely on religious coping strategies.²⁶ Sheltered battered women have been shown to place a high value on spiritual beliefs and to use a variety of spiritual practices, including prayer, religious

readings, and attending religious services.²⁷

SPIRITUALITY, RELIGIOSITY, AND HEALTH AMONG ETHNIC WOMEN OF COLOR

A growing body of research focuses specifically on the relationship between spirituality and health among women of color. Rojas postulated that high levels of spiritual well-being and frequent church attendance allow low-income Hispanic women to cope with the stresses of poverty and remain essentially healthy.⁶ An ethnographic study of Hispanic women demonstrated an emphasis on the importance of spirituality and the integration of the spiritual dimension as important to healthy living.⁵

A significant positive correlation was shown between religious well-being and the variables of social support and hope in study of elderly women,²⁸ while spirituality was cited as a facilitator of mental well-being.²⁹ Religion and spirituality are often associated with the ability to cope with adverse health experiences.³⁰ For example, African American and Puerto Rican women living with HIV/AIDS identified spirituality as an important dimension of healthy living and potential growth, emphasizing the influence of prayer, television ministries, and Bible reading.³¹

Cancer attitudes and beliefs presented in popular magazines read primarily by African American women are shaped by the inclusion of religiosity as a theme, with subthemes such as the importance of faith, God's role, and the challenge to the spirit of a cancer diagnosis. Such magazine narratives contribute to the dis-

course that shapes African American women's attitudes about cancer survival.³²

PUBLIC HEALTH INTERVENTIONS

Women of color can be helped to embrace their spirituality to facilitate health promotion, healing, and coping through spiritual insight and reflection as well as religious practice. Health and healing aspects within women's faith traditions can promote positive behaviors. For example, various faith traditions enjoin their adherents to make dietary and other lifestyle choices that are beneficial, such as practicing sexual responsibility and abstaining from tobacco and alcohol.

The holistic view of mind, body, and spirit among Hispanic women is important in public health interventions. One of the authors recently participated in the planning and implementation of a church-based health fair for a Mexican American community. The spiritual, physical, mental, and social aspects of the Hispanic health concept were explicitly acknowledged by the planners, who included a religious service, a communal lunch, several health-related presentations, and screening for diabetes, hypertension, and vision problems.

Religious institutions have long been important sites for public health interventions. However, one caveat must be emphasized: public health cannot "use" faith communities or the spirituality of individuals to its own ends. The relationship between public health and faith communities must be a partnership in which the central mission of faith is respected. With this consideration in place, there are numerous possibilities for cooperation.

For example, a faith-based program to train cancer survivors to promote increased mammography and breast self-examination among rural African American women (the Witness Project) has led to significant increases in breast self-examination and mammography.³³ The HIV Prevention Faith Initiative of the Centers for Disease Control and Prevention is a government- and faith-based partnership between the surgeon general, the Congressional Black Caucus, and gospel artists, who work together to dispel myths and encourage audiences to take HIV tests.³⁴ Religious leaders are trusted by and religious institutions reach people from all walks of life, especially hard-to-reach populations.

Parish nursing, in which registered nurses promote health and healing within the context of the values, beliefs, and practices of a faith community, is growing in importance.^{35,36} Clients favor care provided in the congregational setting over care received in a physician's office or a hospital. Beneficial aspects include physical characteristics of the church setting, convenience, time available for interaction, and the connection between faith and healing.³⁶

Two of the authors developed and implemented a church-based community assessment in 2 ethnic minority churches in Southern California. After extensive training, church members conducted a house-to-house survey of the surrounding community to ascertain health and social needs. The survey was preceded and supplemented by a formal demographic community survey. A statistical analysis of survey findings resulted in the creation of specific health and social programs for each community: in the

poorer community, a food bank, a literacy program, and legal assistance with immigration; in the more affluent community, a neighborhood watch and healthy living presentations.

The effectiveness of faith-based community projects is demonstrated in a project that 2 of the authors are conducting in which nursing and theology students make presentations at churches integrating faith and health. Ministers are also recruited to deliver 5-minute health presentations from their pulpits once a month. In another project, health professionals in churches are trained to work with persons with type 2 diabetes to increase effectiveness in diabetes self-management and health literacy.

The experience of a Black woman whose son was diagnosed with HIV illustrates the multilayered integration of spirituality and health. First, she relied on her spirituality and the support of her faith community for personal sustenance. Next, she sensitized fellow congregants to HIV/AIDS and provided health education. Finally, she mobilized a group within the church to provide compassionate care to AIDS victims from diagnosis to their deaths.

CONCLUSION

Spirituality and religiosity are of significant benefit to women of color who are experiencing challenges to their health and well-being. The implications for prevention, health-promoting behaviors, and coping with health problems are evident. The intersection of spirituality or religiosity and health for ethnic women of color can make a dif-

ference in their health experience, helping to eliminate health disparities and promoting positive health outcomes. ■

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Contributors

C.F. Musgrave developed the initial paper on the social construction of spirituality among African American women. C.E. Allen and G.J. Allen expanded the initial work to include the spirituality of Hispanic women and to explore the public health implications of minority women's spirituality for practice, policy, and research. All 3 authors worked together to revise the paper to cover the objectives set out in the abstract.

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