CHAPTER THREE

TRANSCENDENT EXPERIENCE AND HEALTH: CONCEPTS, CASES, AND SOCIOLOGICAL THEMES

Jeff Levin

Programmatic study of religion and health has been among the most notable developments in sociomedical research over the past two decades. Most rewarding from the perspective of religious social science is the steady expansion of assessment of religious dimensions and domains. Previously, social research focused almost exclusively on respondents’ affiliation (e.g., rates of cancer morbidity in Protestants, Catholics, Jews, and others), with a smaller group of studies assessing the frequency of attendance at religious services as a determinant of physical or mental health (see Levin and Schiller 1987). This was helpful, to a point, sparking sufficient interest in this subject to mobilize a cohort of researchers that evolved into a community of scholars. But it also represents a limited vision of the construct of religion, leaving a lot unexplored.

As investigators have expanded their scope, findings have accumulated on the population-health impact of other constructs, including religious behaviors (public and private), attitudes, beliefs, feelings, thoughts, values, and so on (Idler et al. 2003, Hall, Meador and Koenig 2008). Yet one domain of religiousness continues to be given short shrift in health research, and yet may be the most provocative (although elusive) domain to study empirically. There are many putative linkages with the physiological and psychophysiological systems that constitute the human body-mind complex. Systematic engagement of this domain would stretch the religion and health field through interdisciplinary collaboration among social scientists, biomedical researchers, psychologists, neuroscientists, and investigators at the cutting edge of research on human consciousness. The domain spoken of here is religious experience.

Among the earliest sociological explorations of this concept—and still the most comprehensive—is the taxonomy of religious experiences developed by Stark (1965) and expanded in Religion and Society
in Tension (Glock and Stark 1965). It differentiates among four types of experiences—termed confirming, responsive, ecstatic, and revelational—and encompasses various subtypes and special cases. These include feelings of awe, salvational states such as being born again, receipt of miracles, feelings of ecstasy, prophetic inspiration, and a host of diabolic or demonic experiences, such as temptation and possession. Glock and Stark’s contemporaneous work at typologizing religiosity provided a foundation for most subsequent empirical assessment of religion among sociologists, exemplified by their multidimensional Religiosity in 5-D Scale and variations that followed. Yet this fascinating conceptual work on religious experience gained little traction among sociologists of religion. The development, validation and refinement of measures of this construct have not followed the same trajectory as other religious dimensions.

For the religion and health field, absence of a research tradition on religious experience within the sociology of religion is reinforced by biomedicine’s reticence to engage subjective or qualitative constructs, whether as health outcomes or exposure or risk variables. Where religion is considered at all, it is more acceptable—for pragmatic and ideological reasons—to stick with observable behaviors or objectively affirmable statuses or characteristics that can be quantified (see Levin 2003a). Religious beliefs, attitudes, values, and the like are considered “soft” by comparison, but at least objectively “real.” Unitive, mystical, or transcendent experiences; subjective perceptions of connection with God or the divine; spiritual rebirth—for biomedicine these concepts are regarded as wholly subjective, perhaps products of delusion, and thus intractable from a research standpoint. As even sociologists of religion focus their psychometric efforts elsewhere, there is little extant scholarship on religious experience and health, except for a few one-off studies (see Levin 2001b). This subject remains the most marginal corner of a field of study that itself has only recently emerged from the margins of sociomedical research.

This is a shame. Rather than something to ignore, the experience of religion—doing religion and being religious seen through the lens of religious people—and its instrumentality for well-being, is an exciting research frontier. Most provocative are experiences at “the margins of reality” (Jahn and Dunne 1987), the interface of consciousness, neuroscience, transpersonal psychology, non-Western religion, and alternative medicine. Among adventurous scientists, physicians, psychologists, and scholars of mysticism, these themes have begun to