Religious/Spiritual CAM in the Foreign-Born Population of the United States

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TERMS AND GENERAL INFORMATION
The foreign-born population of the United States includes anyone not born a US citizen, such as immigrants, refugees, and illegal residents. In 2005, the foreign-born population totaled 35,689,000, the highest level since 1930. Latin Americans (53.3%) and Asians (26.7%) account for 80% of the total.

The foreign-born population has contributed to religious diversification. The New Immigrant Survey Pilot asked a sample of legal immigrants to state their religious preference. Nearly two-thirds identified themselves as Christians, significantly less than the 90% in the native-born population. Nearly 20% identified themselves as adherents of religions other than Christianity, significantly more than the corresponding native-born percentage. The researchers concluded that if current trends continue, “the religious landscape in the United States may be substantially altered” in coming years.

“CAM [complementary and alternative medicine] is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. Conventional medicine is medicine as practiced by holders of M.D. (medical doctor) or D.O. (doctor of osteopathy) degrees and by their allied health professionals. . . . Complementary medicine is used together with conventional medicine. Alternative medicine is used in place of conventional medicine.” [National Center for Complementary and Alternative Medicine, NCCAM]

NCCAM identifies four domains of CAM that may overlap: mind-body medicine, biologically based practices, manipulative and body-based practices, and energy medicine. Whole medical systems of CAM, such as traditional Chinese medicine and Ayurveda from India, cut across these domains.

The distinctive feature of a religious/spiritual worldview is the perception of transcendent entities, realities, and resources that impinge upon or suffice the material world. Religious/spiritual CAM perceives transcendent forces in health and well-being. “Religion” is a more institutionalized, “spirituality” a more individualized perception of transcendence. Religious/spiritual CAM can be found in all four domains of the NCCAM typology and can play a major role in whole medical systems.

SELECTED RELIGIOUS/SPiritual CAM BY GROUP

Note: Counter-intuitively, it may be that “As immigrants stay longer in the US or as their use of English becomes more common, the likelihood that they will use CAM therapies increases as well, and it gradually approaches the level of CAM use by native-born Americans.” [Su et al. Acculturation and the use of complementary and alternative medicine. Social Science and Medicine 2008 Jan; 66(2):439-53.]

Latin Americans:
Most foreign-born Latin Americans are Christians, the majority being Roman Catholic. Thus it is not surprising that prayer figures into their CAM practices. A study of attitudes toward hospice care among Catholic Mexicans found “a strong emphasis on the use of prayer to deal with issues of dying” but no interest in having a priest visit the patient: “these visits were discouraged, since a priest coming to a home was indicative of someone ready to die.” [Gelfand DE et al. Mexicans and care for the terminally ill. Archives of Internal Medicine 2001 May;161(10):1336-40. Also Murguia A et al. Use and implications of ethnomedical practices, and products that are not presently considered to be part of conventional medicine. Conventional medicine posed by religious/spiritual CAM, such as measures of therapeutic efficacy that ignore the subjective, religious/spiritual experiences of patients. This in turn suggests that religious/spiritual CAM, with its alternative view of the body and the cosmos, is mitigated by religion/spirituality. All the more so in matters of health and well-being. This poster offers a “Both acupuncture and herbs are configured under the heading of Chinese medicine. But if we cast a wider net, we draw in a good deal more – not only needles and herbs but also practices like taijiquan and qigong, relationships with the dead in the forms of gods, ghosts, ancestors, medicinal understandings of good, and all manner of divination.” [Barnes LL. Multiple meanings of Chinese healing in the United States. In: Barnes LL, Sered SS, eds. Religion and healing in America. New York: Oxford UP; 2005. p. 307-31.]

Asian American Buddhists come from countries where temples and monks serve healing functions. “Monks . . . routinely prescribe herbal remedies for particular maladies and chant protective scriptural texts on behalf of laypeople. Specially trained ‘healer-monks’ can sometimes be found in local [immigrant] Thai temples. These monks may be adept at astrology, palmtistry, and shamatic healing. In one case recounted to us, a visiting-healer-monk healed a local monk’s sprained arm by whisking holy water on him (a common Thai Buddhist ritual) and intoning a special incantation.” [Numrich PD. Complementary and alternative medicine in America’s “two Buddhisms.” In: Barnes LL, Sered SS, eds. Religion and healing in America. New York: Oxford UP; 2005. p. 343-57.] A study of depression among elderly Thais states, “Most participants reported that going to the temple was the most effective treatment.” [Sounthornrachia Y. Perceptions of depression among elderly Thai immigrants. Chicago: University of Illinois at Chicago Health Sciences Center; 2004.]

The majority of Muslims in the US come from South Asia and the Middle East. Healing practices include reciting Arabic passages from the Qur’an over afflicted areas of the body: “Asian Eastern Islamic teaching, guided by the Qur’an, has a direct effect on healing modality through the spirit, soul, and mind and provides homeostasis of life. . . . One must employ a proactive search for cure and recovery to carry out responsibility toward the body as a gift from God to be cared for.” [Carter DJ, Rashidi A. Theoretical model of psychotherapy: Eastern Asian-Islamic women with mental illness. Health Care for Women International 2003 May;24(3):399-413. Also Rahman F. Health and medicine in the Islamic tradition. New York: Crossroads; 1987; Waugh EW. The Islamic tradition. Chicago: Park Ridge Center; 1999.]

SELECTED INTERNET SITES

Note: PubMed (www.ncbi.nlm.nih.gov/pubmed/), the free-access Internet site favored by physicians, has limited value for finding information on foreign-born religious/spiritual CAM due to the small number of articles on foreign-born groups in its database and inconsistent keyword indexing on religion/spirituality.

DISCUSSION

As with most minority groups, CAM practices of the foreign-born are under-represented in the medical literature and under-reported by CAM users. The subset of religious/spiritual CAM receives even less attention; for instance, two comprehensive studies, the CDC’s 2002 National Health Interview Survey and the Institute of Medicine’s 2005 report, Complementary and Alternative Medicine in the United States, say little about foreign-born religious/spiritual CAM. The latter report identifies particular challenges to conventional medicine posed by religious/spiritual CAM, such as measures of therapeutic efficacy that focus less on physiology than on “intangible, yet nonetheless compelling, personal benefits.” For many foreign-born individuals and groups, the “travail” of “travel” – both words have the same root – is mitigated by religion/spirituality. All the more so in matters of health and well-being. This poster offers a "travail" of "travel" – both words have the same root – is mitigated by religion/spirituality. All the more so in matters of health and well-being. This poster offers a sampling of the relatively few resources that feature foreign-born religious/spiritual CAM and makes the obvious case for more research and greater awareness.