

# MEDICINE & Spirituality

Motivation:

## *Is Fear of Death the Only Reason for Religion?*

By Rev. Ken Blank and Dr. John Campbell – Oklahoma Health Center Clinical Pastoral Education Institute, Inc. © 2005

In the September, 2004, issue of **Science and Theology News**, **Mike Martin** writes about what motivates people to be religious. He quotes **Steven Reiss**, a **professor of psychology and psychiatry** at **Ohio State University**, as saying that ‘previous psychologists tried to explain religion in terms of just one or two overarching psychological needs – **fear of death and guilt, for example**’. Dr. Reiss is further quoted: “**religion is multi-faceted – it can’t be reduced to just one or two desires**”.

Dr. Reiss’ own theory, called “**sensitivity theory**”, is that **sixteen basic human needs** actually **motivate people toward religious consideration**. Some of the other motivations include power, family, status, romance, and tranquility, to name a few. Dr. Reiss says that these are “needs embraced by every person but to a different extent”.

“Sensitivity theory” was developed by Dr. Reiss following his use of a research tool he developed in 1998 with **Susan Havercamp**, a former graduate student and now psychology professor at the **University of North Carolina Chapel Hill**. This tool he calls the “**desire profile**”. It is a 120-question survey of 10,000 people quantifying the extent religious and non-religious people embrace these needs or motivations.

How can a **medical practitioner** use this information when **managing the doctor-patient relationship**?

If the medical practitioner knows (1) the wider range of motivations for a person to be religious and (2) is aware, from the growing array of literature on the **positive effects on physical and mental health** of patients with religious and/or spiritual beliefs, then (3) the practitioner may be able to **encourage corrective medical changes** in a patient’s lifestyle, compliance, outlook, or other aspects of care by **appealing to one of the other potential motivators** for religion **well before development of the type of serious illness where only “fear of death” may be the prime motivator**.

In other words, **more routine medical advice could be accompanied by showing relevance to a motivation factor connected with religion that could avoid the situation from developing into a more serious medical consequence** for a patient. For example, perhaps “family motivation” may be tied to religious thoughts about not smoking because the family needs to remain whole, not missing a member who might die early because of the ill effects of smoking or because of the consequences of second-hand smoke.

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