

# Religion benefits traumatic brain injury victims, research finds

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Brigid Waldron-Perrine, Ph.D., a recent graduate from Wayne State University, and her mentor, Lisa J. Rapport, Ph.D., professor of psychology at Wayne State University's College of Liberal Arts and Sciences, found that if traumatic brain injury (TBI) victims feel close to a higher power, it can help them rehabilitate. The study was recently published in *Rehabilitation Psychology*.

Traumatic brain injury is a disruption of normal [brain function](#) after a head injury and affects 1.7 million Americans annually, according to the [Centers for Disease Control and Prevention](#). Those struggling with the long-term effects of TBI are at a heightened risk for mental and physical problems. Such problems can significantly inhibit [rehabilitation](#) outcomes and are therefore important to address in the context of rehabilitation efforts. And when TBI leaves people feeling stressed, less satisfied with life and functionally dependent on others, rehabilitation is the only option.

"Among healthy adults, religion and spirituality have shown strong association with improved [life satisfaction](#) and physical and mental health outcomes," said Waldron-Perrine. But research about religion's effect on TBI rehabilitation in particular is lacking.

To fill this void, Waldron-Perrine interviewed and completed neuropsychological tests on 88 individuals diagnosed with TBI victims, most of whom were male, African American Christians. Participants also completed a neuropsychological measure of their [cognitive abilities](#).

A significant other of each TBI victim also participated and reported on the injured individual's functional status.

Waldron-Perrine found that most participants who reported higher levels of [religious](#) well-being (a connection to a higher power) had better emotional and physical rehabilitation outcomes. But public religious activities or practice and existential well-being – a sense that life has a purpose apart from any religious reference – did not have such an effect influence on rehabilitation outcome.

This "intriguing" finding, she said, may be due to the fact that TBI victims lack full control of their ability to participate in public religious practice. "They often must rely on others for scheduling and transportation to social events, so their public religious participation does not wholly reflect their true use of religious resources," she said.

As expected on the basis of previous studies, [social support](#) was related to positive physical and mental rehabilitation results. This, Waldron-Perrine said, is consistent with other research studies linking religious social support to positive health outcomes in other populations. But even when Waldron-Perrine adjusted for social support, religious well-being still stood as a unique and strong predictor of positive health outcomes in TBI patients.

"Individuals cope with the tools available to them, and perhaps especially for those with limited means and few alternatives, religion can take on great power as a psychosocial resource," Waldron-Perrine said.

Waldron-Perrine's doctoral dissertation, completed in Rapport's lab, was the foundation of this study. Waldron-Perrine is now a post-doctoral fellow at the Veterans Affairs Ann Arbor Health Care System and University of Michigan's Department of Psychiatry.

Provided by Wayne State University

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