

# Seventh-day Sabbath Observance and Cardiovascular Parameters: A Theological Analysis and Narrative Integrative Review of Epidemiological and Psychophysiological Evidence

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**Abstrak** : Cardiovascular disease remains the leading cause of mortality worldwide, with psychosocial stress, neuroendocrine dysregulation, and unhealthy lifestyle behaviors contributing significantly to its development. Seventh-day Adventist (SDA) populations provide a unique natural model for examining the relationship between structured weekly Sabbath observance and cardiovascular health. This study synthesized epidemiological, psychophysiological, and chronobiological evidence regarding the association between Seventh-day Sabbath observance and cardiovascular parameters through a theological analysis and narrative integrative review of peer-reviewed studies involving SDA populations, Sabbath observance, stress biomarkers, and circaseptan rhythms. The findings indicate that Sabbath observance promotes holistic well-being by integrating physical, mental, social, spiritual, and moral dimensions of life. Evidence consistently shows that SDA populations exhibit lower blood pressure, reduced serum cholesterol levels, and decreased cardiovascular disease risk compared with non-SDA populations. Experimental studies also report lower cortisol levels following Sabbath observance, suggesting reduced hypothalamic–pituitary–adrenal axis activation. Overall, structured weekly rest may contribute to cardiovascular protection through interconnected behavioral, psychosocial, neuroendocrine, and chronobiological mechanisms. Further longitudinal and experimental studies are needed to clarify the physiological effects specifically attributable to Sabbath observance.

**Kata Kunci** : Sabbath; Seventh-day Adventist; Cardiovascular Health; Chronobiology; Stress Physiology; Lifestyle Medicine

## INTRODUCTION

Cardiovascular Disease (CVD) remains the leading cause of global mortality, driven by complex interactions among metabolic, behavioral, and psychosocial risk factors (World Health Organization (WHO), 2021). Increasing attention has been directed toward lifestyle medicine approaches integrating diet, stress regulation, and psychosocial well-being (Tuso et al., 2013).

Seventh-day Adventists (SDA) have been extensively studied in cardiovascular epidemiology due to their unique lifestyle patterns, including plant-based diets, abstinence from tobacco and alcohol, and structured Sabbath observance. The Sabbath is a weekly 24-hour period of cessation from work, worship, and psychosocial restoration.

Large cohort studies such as the Adventist Health Study-2 demonstrate significantly lower incidence of cardiovascular disease, hypertension, and metabolic disorders among SDA populations compared with the general population (Fraser, 2003; Orlich et al., 2013). However, most studies attribute these benefits primarily to diet and substance avoidance, with limited focus on the physiological contribution of Sabbath observance itself. In other words, the independent physiological contribution of Sabbath observance remains underexplored.

Sabbath observance has increasingly been recognized as a multidimensional practice that contributes to holistic health through psychological, spiritual, behavioral, and physiological pathways. Baker Speedling (2019) conceptualized Sabbath as a “sanctuary in time,” emphasizing its transformative role in promoting restoration, emotional renewal, and holistic well-being through intentional disengagement from productivity-driven routines. Similarly, White et al. (2015) described rest as a virtue with theological and practical implications for personal and professional functioning, suggesting that intentional rhythms of rest may protect against exhaustion and chronic stress.

Empirical evidence further supports the relationship between Sabbath keeping and health outcomes. Superville et al. (2014) found that Sabbath observance was positively associated with health and well-being, mediated by factors such as spiritual experience, meaning, and restorative behaviors. Longitudinal findings by Viehmann-Wical et al. (2023) additionally demonstrated that anticipation of Sabbath predicted improved sleep quality among Seventh-day Adventists, suggesting that structured weekly rest may influence recovery processes and sleep regulation. From a psychophysiological perspective, Morton et al. (2025) reported lower cortisol levels following Sabbath observance, indicating potential modulation of Hypothalamic–Pituitary–Adrenal (HPA) axis activity and stress reduction. Furthermore, studies by Büssing et al. (2021a, 2021b) highlighted the role of spiritual coping practices among Seventh-day Adventists during periods of spiritual dryness and acedia, suggesting that Sabbath-centered spirituality may support resilience, meaning-making, and emotional adaptation during psychological distress.

Collectively, these findings support the conceptualization of Sabbath observance as a biopsychosocial-spiritual health practice with potential implications for stress regulation, sleep quality, emotional well-being, and cardiovascular health.

Despite extensive evidence on SDA lifestyle and cardiovascular outcomes, three major gaps remain in the literature: most existing studies treat SDA lifestyle as a single package, without isolating the independent effect of Sabbath observance on cardiovascular parameters, only a small number of studies have examined direct biological markers (e.g., cortisol, autonomic function) during Sabbath periods, limiting understanding of neuroendocrine mechanisms (Morton et al., 2025), and absence of integrative conceptual models, that there is currently no unified biopsychosocial-spiritual model explaining how structured weekly rest (Sabbath) influences cardiovascular regulation through stress and behavioral pathways.

These gaps indicate a need for integrative synthesis and model development to understand Sabbath observance as a potential independent cardiovascular health determinant. Thus, this review provides three key novel contributions: isolation of Sabbath observance as a distinct health construct; integration of cardiovascular and neuroendocrine evidence; development of a biopsychosocial-spiritual interpretation model. Unlike previous studies focusing on SDA lifestyle in general, this review conceptually separates Sabbath observance as a structured weekly rest intervention with potential physiological effects. The review links cardiovascular outcomes (blood pressure, cholesterol) with stress biomarkers (cortisol), integrating epidemiological and psychophysiological findings into a unified framework. The study proposes Sabbath observance as a multidimensional health mechanism involving: neuroendocrine regulation (HPA axis); autonomic balance, psychosocial restoration, and behavioral reinforcement. This positions Sabbath observance within modern lifestyle medicine and holistic nursing frameworks.

## METHODS

### Study Design

This study employed a theological analysis combined with a narrative integrative review approach. The theological analysis explored biblical foundations of the Sabbath and their implications for holistic health. The narrative review synthesized epidemiological, psychophysiological, chronobiological, and cardiovascular health evidence related to Sabbath observance and Seventh-day Adventist populations.

### Search Strategy

A literature search was conducted using electronic databases including PubMed, Scopus, Google Scholar, and Web of Science. No specific time of articles publications were set, since there were limited studies citing the relevant research. Searches were performed using combinations of the following keywords: “*Sabbath*”, “*Sabbath observance*”, “*Seventh-day Adventist*”, “*cardiovascular health*”, “*cardiovascular disease*”, “*blood pressure*”, “*cholesterol*”, “*stress physiology*”, “*cortisol*”, “*chronobiology*”, “*circaseptan rhythm*”, “*melatonin*”, and “*lifestyle medicine*”. Boolean operators (AND, OR) were used to combine search terms. Additional relevant articles were identified through manual searches of reference lists from selected studies.

Studies were included if they met the following criteria: published in peer-reviewed journals, written in English, examined Seventh-day Adventist populations or Sabbath-related practices, reported cardiovascular outcomes, including blood pressure, serum cholesterol, cardiovascular disease incidence, or related cardiovascular

parameters. Investigated stress physiology, neuroendocrine markers, sleep quality, psychosocial well-being, or chronobiological mechanisms potentially associated with Sabbath observance. And provided empirical, epidemiological, experimental, or chronobiological evidence relevant to the study objectives.

Studies were excluded if they: were editorials, commentaries, conference abstracts, dissertations, or unpublished reports. Did not specifically address Sabbath observance, Seventh-day Adventist populations, cardiovascular parameters, or related physiological mechanisms. Lacked sufficient methodological information or outcome data, were duplicate publications. And focused exclusively on religious practices unrelated to Sabbath observance.

### Article Selection Process

The article selection process followed a PRISMA-informed approach. A total of 98 records were identified through database searches. After removal of 18 duplicate records, 80 articles underwent title and abstract screening. Fifty articles were excluded because they did not meet the study objectives. The remaining 30 full-text articles were assessed for eligibility, of which 15 were excluded due to insufficient relevance, lack of cardiovascular or physiological outcomes, or inadequate methodological information. Ultimately, 15 studies met the inclusion criteria and were included in the final narrative integrative review.

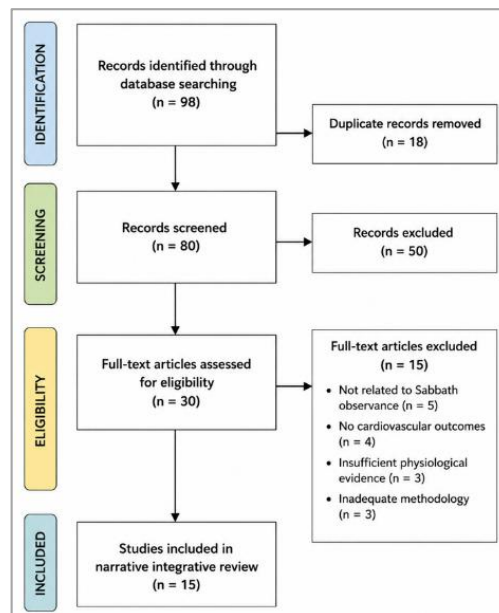


Figure 1. PRISMA Flow Diagram

### Data Extraction

Data were extracted using a structured approach. Information collected included author, publication year, study design, population characteristics, Sabbath-related variables, cardiovascular outcomes, physiological markers, and principal findings. Extracted findings were organized into thematic categories: (1) Sabbath as a wholeness model, (2) cardiovascular risk profiles in Seventh-day Adventists, (3) stress physiology and neuroendocrine regulation, (4) behavioral clustering effects, and (5) circaseptan chronobiological evidence. The synthesized findings were subsequently interpreted within a biopsychosocial-spiritual framework.

**Table 1.** Empirical Studies (n = 15)

<b>Author (Year)</b>	<b>Study Design</b>	<b>Population/Sample</b>	<b>Main Outcome</b>	<b>Key Findings</b>
<b>Fønnebø (1992)</b>	Cross-sectional	Norwegian adults	SDA Blood pressure, cholesterol	SDA participants had lower blood pressure and serum cholesterol than non-Adventists.
<b>Fraser (2003)</b>	Epidemiological synthesis	SDA populations	CHD mortality	Lower coronary heart disease mortality among SDA populations.
<b>Orlich et al. (2013)</b>	Prospective cohort (AHS-2)	Adventist adults	Cardiovascular risk	Vegetarian Adventists showed lower cardiovascular disease risk.
<b>Superville et al. (2014)</b>	Cross-sectional	SDA members	Health and well-being	Sabbath keeping positively associated with health and well-being.
<b>White et al. (2015)</b>	Conceptual paper	Not applicable	Rest and wellness	Intentional rest supports emotional and physical restoration.
<b>Baker Speedling (2019)</b>	Theoretical review	Not applicable	Holistic health	Sabbath functions as a sanctuary in time promoting holistic well-being.
<b>Büssing et al. (2021)</b>	Cross-sectional	SDA participants	Spiritual coping	Spiritual practices enhanced resilience

Author (Year)	Study Design	Population/Sample	Main Outcome	Key Findings
Viehmann-Wical et al. (2023)	Longitudinal study	SDA adults	Sleep quality	during distress. Anticipation of Sabbath predicted better sleep quality.
Morton et al. (2025)	Experimental study	SDA men and women	Cortisol	Cortisol levels decreased following Sabbath observance.
Cornélissen et al. (1993)	Chronobiological study	Cardiovascular datasets	Circaseptan rhythms	Weekly rhythms observed in cardiovascular events.
Herold et al. (2000)	Observational study	Healthy adults	Melatonin rhythm	Circaseptan patterns identified in melatonin secretion.
Haus et al. (1983)	Chronobiological study	Human physiological datasets	Immune regulation	Weekly biological rhythms observed in immune functions.
Hildebrandt & Geyer (1984)	Chronobiological review	Human adaptation studies	Recovery cycles	Weekly recovery periods support physiological adaptation.
Koenig (2012)	Review article	Religious populations	Spirituality and health	Religious involvement associated with improved health outcomes.
Tuso et al. (2013)	Lifestyle medicine review	General population	Cardiovascular prevention	Healthy lifestyle behaviors

Author (Year)	Study Design	Population/Sample	Main Outcome	Key Findings
				reduce cardiovascular disease risk.

## RESULTS AND DISCUSSION

The included studies were synthesized into five major themes. The first theme conceptualized Sabbath as a holistic model of human well-being encompassing physical, psychological, social, spiritual, and moral dimensions. The second theme examined cardiovascular risk profiles among Seventh-day Adventists, consistently demonstrating favorable cardiovascular outcomes. The third theme focused on stress physiology and neuroendocrine regulation, particularly cortisol and HPA-axis activity. The fourth theme explored behavioral clustering effects, highlighting the interaction between Sabbath observance and other health-promoting lifestyle practices. Finally, the fifth theme synthesized chronobiological evidence on circaseptan rhythms, providing a potential biological framework through which structured weekly rest may influence cardiovascular regulation. Collectively, these themes were interpreted within a biopsychosocial-spiritual framework linking Sabbath observance to cardiovascular health and holistic well-being.

**Table 2.** Thematic Categorization of Included Studies

Theme	Included Studies	Main Contribution
<b>Sabbath as a Wholeness Model</b>	Bible (KJV); Baker Speedling (2019); White et al. (2015); Büssing et al. (2021); Superville et al. (2014); Koenig (2012)	Described Sabbath as a multidimensional practice promoting physical, mental, social, spiritual, and moral well-being through rest, worship, meaning-making, resilience, and spiritual connectedness.
<b>Cardiovascular Risk Profiles in Seventh-day Adventists</b>	Fønnebø (1992); Fraser (2003); Orlich et al. (2013); Tuso et al. (2013)	Demonstrated lower blood pressure, cholesterol levels, cardiovascular disease risk, and coronary heart disease mortality among Seventh-day Adventist populations.
<b>Stress Physiology and Neuroendocrine Regulation</b>	Morton et al. (2025); Koenig (2012); White et al. (2015)	Suggested that Sabbath observance and spiritual practices may reduce stress through modulation of cortisol levels, HPA-axis activity, emotional regulation, and psychological recovery.
<b>Behavioral Clustering Effects</b>	Fraser (2003); Orlich et al. (2013); Tuso et al. (2013); Superville et al. (2014); Viehmann-Wical et al. (2023)	Identified Sabbath observance as part of a broader health-promoting lifestyle including healthy diet, abstinence from tobacco and alcohol, improved sleep quality, social support, and restorative behaviors.

Theme	Included Studies	Main Contribution
<b>Circaseptan Chronobiological Evidence</b>	Cornélissen et al. (1993); Herold et al. (2000); Haus et al. (1983); Hildebrandt & Geyer (1984)	Reported approximately weekly (circaseptan) rhythms in cardiovascular events, melatonin secretion, immune responses, and physiological adaptation, supporting the concept of weekly biological recovery cycles.

**Sabbath Promotes Wholeness for Mankind**

Sabbath promotes wholeness because it reconnects human life with God’s original design for man (not only Seventh Day Adventist community) in creation, covenant, liberation, and restoration. In Exodus 20:8–11, the Sabbath commandment is rooted in creation: “For in six days the Lord created heaven and earth”. In Deuteronomy 5:12–15 grounds the Sabbath in redemption: Israel must rest because God freed them from slavery in Egypt. This gives the Sabbath a double meaning both in theological perspective and from complete health view, thus, theologically, Sabbath is God’s weekly reordering of the whole person, body, mind, relationship, worship, and hope. Thus, when it is mentioned that the Sabbath is for the wholeness of man, again, it is not only for Seventh Day Adventist, but for all people.

**Table 3. Sabbath Double Meaning**

Biblical foundation	Sabbath meaning	Dimension	Sabbath meaning
<b>Exodus 20:8–11</b>	God is Creator	Physical	Rest from labor, recovery, sleep, reduced stress load
<b>Deuteronomy 5:12–15</b>	God is Redeemer	Mental	Peace, reflection, freedom from constant pressure
<b>Ezekiel 20:12, 20</b>	Sabbath is a sign of sanctification	Social	Family, worship, fellowship, community belonging
<b>Isaiah 58:13–14</b>	Sabbath is delight and covenant loyalty	Spiritual	Worship, trust, grace, covenant identity
		Moral	Resistance to greed, exploitation, and self-centeredness

Then, it is also found, based on biblical bases, Sabbath promotes wholeness because it was given by God to humanity in the creation process, covenant-making, liberation from slavery and trust that purposed to reduce anxiety through dependence upon the Almighty One.

**Table 4. Sabbath Wholeness Model**

Theological dimension	Biblical basis	Health-related expression
<b>Creation</b>	Genesis 2:1–3; Exodus 20:8–11	Humans require rhythm, rest, and worship
<b>Covenant</b>	Ezekiel 20:12, 20	Sabbath fosters spiritual identity and belonging

Theological dimension	Biblical basis	Health-related expression
Liberation	Deuteronomy 5:12–15	Rest serves as resistance to exploitation and overwork
Trust	Matthew 6:25–34; Sabbath principle	Dependent on God reduces anxiety

### Cardiovascular Risk Profiles in Seventh-day Adventists

Extensive epidemiological evidence shows that SDA populations have lower cardiovascular risk profiles. Fønnebø (1992) demonstrated significantly lower serum cholesterol and blood pressure among SDA individuals in Norway compared with non-Adventist controls. Similarly, SDA men showed approximately 0.86 mmol/L lower cholesterol levels.

The Adventist Health Study-2 (AHS-2), one of the largest cohort studies on plant-based diets, reported significantly lower risks of hypertension, diabetes, and ischemic heart disease among SDA participants (Orlich et al., 2013). Vegetarian SDA participants demonstrated even stronger cardiovascular protection. Fraser (2003) also reported that SDA populations experience substantially lower rates of coronary heart disease mortality compared with the general population, supporting a strong lifestyle–cardiovascular protection link.

### Sabbath Observance and Stress Physiology

Experimental evidence suggests that Sabbath observance may reduce physiological stress markers. Morton et al. (2025) found that urinary cortisol levels were significantly lower after Sabbath compared with pre-Sabbath periods among SDA participants, particularly in men. This suggests reduced activation of the Hypothalamic–Pituitary–Adrenal (HPA) axis. Chronic HPA axis activation is a well-established contributor to hypertension, endothelial dysfunction, and metabolic syndrome (McEwen, 2007).

Morton et al. (2025) reported a statistically significant reduction in urinary free cortisol levels following Sabbath observance among men after adjustment for demographic, behavioral, socioeconomic, and religiosity-related covariates. However, the study did not report sufficient quantitative data in the publicly available abstract to calculate the percentage reduction or standardized effect size.

### Behavioral Clustering

Sabbath observance occurs within a broader behavioral system that includes: plant-based dietary patterns, abstinence from smoking and alcohol, structured rest and worship, and social cohesion and community support. These behaviors independently contribute to reduced cardiovascular risk (Fraser, 2003; Orlich et al., 2013). Therefore, Sabbath observance may function as a reinforcing behavioral anchor within a health-promoting lifestyle system.

### Emerging Chronobiological Evidence: Circaseptan Rhythms and Sabbath-Related Physiological Patterns

An additional theme identified in the literature was the presence of approximately weekly biological rhythms, known as circaseptan rhythms, in cardiovascular, endocrine, and immune parameters. Chronobiological studies suggest that human physiology may operate not only through circadian (24-hour) cycles but also

through endogenous about-weekly rhythms that influence physiological regulation and recovery processes.

Cornélissen et al. (1993) reported worldwide circaseptan and circasemiseptan patterns in myocardial infarction, stroke, and vascular emergencies, indicating that cardiovascular events may fluctuate according to approximately weekly biological cycles. These findings suggest that cardiovascular risk expression may be temporally patterned beyond daily circadian variation.

Similarly, Herold et al. (2000) demonstrated both circadian and circaseptan rhythms in human salivary melatonin secretion, supporting the concept that weekly biological rhythms may possess endogenous regulatory significance. In addition, Haus et al. (1983) identified circaseptan rhythmicity in immune and hematologic functions, indicating that weekly biological oscillations may influence broader physiological systems involved in stress adaptation and recovery.

Research on adaptive physiological responses further supports the significance of weekly recovery cycles. Hildebrandt and Geyer (1984) described circaseptan reactive periods associated with biological adaptation and restoration processes, suggesting that structured recovery intervals may support physiological stability.

Collectively, these findings provide a potential chronobiological framework for understanding Sabbath observance as a structured weekly recovery period that may align with endogenous physiological rhythms. Although current evidence does not establish a direct causal relationship between Sabbath observance and circaseptan biology, the convergence of weekly behavioral patterns and endogenous physiological oscillations suggests a plausible interaction between structured weekly rest and cardiovascular regulation.

Emerging chronobiological evidence suggests that human physiology may operate not only through circadian (24-hour) rhythms but also through approximately weekly circaseptan rhythms. Studies have demonstrated circaseptan variation in melatonin secretion, blood pressure, immune responses, and cardiovascular events (Cornélissen et al., 1993; Haus et al., 1983; Herold et al., 2000). These findings support the hypothesis that structured weekly rest patterns, such as Sabbath observance, may align with endogenous biological recovery cycles.

## **Discussion**

### **1. Principal Findings**

This review suggests that Sabbath observance may represent more than a religious practice; it may function as a multidimensional recovery mechanism with potential implications for cardiovascular health. The synthesis of theological, epidemiological, psychophysiological, and chronobiological evidence indicates that Sabbath observance operates across biological, psychological, social, and spiritual domains simultaneously. Rather than acting through a single pathway, its potential health effects appear to emerge from the interaction of stress reduction, behavioral reinforcement, social connectedness, and meaning-making processes.

This interpretation is consistent with broader research demonstrating that health is shaped not only by biological factors but also by psychosocial and spiritual influences. Previous studies have shown that regular engagement in religious and spiritual practices is associated with improved psychological well-being, healthier

lifestyles, and lower cardiovascular risk (Koenig, 2012). The present review extends this literature by suggesting that Sabbath observance provides a structured and recurring context in which these protective factors may be reinforced on a weekly basis.

The findings also align with lifestyle medicine research emphasizing the importance of recovery and restorative behaviors in chronic disease prevention. While traditional lifestyle interventions primarily focus on diet, physical activity, and avoidance of harmful substances, the current synthesis highlights the potential role of structured weekly rest as an additional health-promoting behavior. In this regard, Sabbath observance may be viewed as a behavioral rhythm that supports recovery from cumulative stress while reinforcing healthy lifestyle choices.

## **2. Mechanistic Interpretation**

One plausible explanation for the relationship between Sabbath observance and cardiovascular health involves stress regulation. Chronic psychological stress contributes to cardiovascular disease through dysregulation of the Hypothalamic–Pituitary–Adrenal (HPA) axis, sympathetic nervous system activation, inflammation, and increased allostatic load (McEwen, 2007). The observed reduction in cortisol following Sabbath observance reported by Morton et al. (2025) may therefore reflect a temporary reduction in neuroendocrine burden.

This interpretation is supported by evidence from occupational health research showing that recovery experiences are associated with improved physiological functioning and reduced stress-related health risks (Sonnetag & Fritz, 2007; Bannai & Tamakoshi, 2014). Similar to vacation recovery and structured rest interventions, Sabbath observance may provide a recurring opportunity for disengagement from occupational demands and psychological stressors. However, unlike many secular recovery practices, Sabbath observance additionally incorporates spiritual reflection, worship, and community engagement, which may amplify its restorative effects.

A second potential mechanism involves psychosocial and spiritual restoration. Religious participation has consistently been associated with greater resilience, social support, and emotional well-being (Koenig, 2012). Sabbath observance may strengthen these protective resources by facilitating meaningful social interaction, fostering a sense of belonging, and reinforcing existential meaning. Such psychosocial benefits may indirectly contribute to cardiovascular health by reducing stress vulnerability and enhancing coping capacity.

The findings further suggest that Sabbath observance may function as a behavioral anchor within a broader lifestyle system. Previous studies have demonstrated that healthy dietary patterns, abstinence from tobacco and alcohol, adequate sleep, and stress reduction collectively contribute to cardiovascular protection (Esselstyn, 2016; Tuso et al., 2013). Rather than operating independently, Sabbath observance may strengthen adherence to these behaviors through the establishment of a regular rhythm of reflection, recovery, and self-regulation.

## **3. Circaseptan Chronobiology and Sabbath-Related Cardiovascular Regulation**

An important contribution of this review is the integration of chronobiological evidence into the discussion of Sabbath observance. Previous research has demonstrated approximately weekly (circaseptan) rhythms in cardiovascular events,

endocrine secretion, immune responses, and physiological adaptation (Cornélissen et al., 1993; Haus et al., 1983; Herold et al., 2000). These findings suggest that human physiology may be organized not only by circadian rhythms but also by longer biological cycles.

The relevance of these observations lies in the possibility that structured weekly behaviors may interact with endogenous recovery rhythms. If physiological systems naturally fluctuate according to approximately weekly cycles, recurring periods of rest may support adaptation and recovery processes. Although current evidence does not establish a direct causal relationship between Sabbath observance and circaseptan rhythms, the convergence of chronobiological and behavioral evidence provides a plausible theoretical framework through which structured weekly rest may influence cardiovascular regulation.

This perspective differs from conventional cardiovascular prevention models that focus primarily on behavioral risk factors. Instead, it highlights the potential importance of temporal organization and recovery rhythms as additional determinants of health. Future studies employing longitudinal chronobiological designs may help clarify whether Sabbath observance contributes to synchronization of physiological recovery processes and long-term cardiovascular resilience.

#### **4. Expanded Conceptual Contribution**

This review may provide baseline data and advances a Biopsychosocial-Spiritual Cardiovascular Protection Model, in which Sabbath observance functions as a: biological regulator (cortisol reduction, autonomic balance); psychological stabilizer (stress reduction, emotional regulation); social connector (community support); spiritual reinforcer (meaning-making, hope, ritual rest) This integrative model extends traditional lifestyle medicine frameworks by embedding structured spiritual rest as a potential cardiovascular health determinant. These findings are consistent with broader evidence in lifestyle medicine showing that plant-based diets and stress reduction significantly reduce cardiovascular risk. However, isolating Sabbath-specific physiological effects remains methodologically challenging due to overlapping lifestyle variables.

#### **5. Implications for Nursing Practice**

Nurses play a critical role in holistic cardiovascular prevention by: incorporating stress management education; recognizing spiritual practices as health resources; promoting structured rest and recovery behaviors; and integrating culturally sensitive lifestyle counselling.

#### **Study Limitations**

This study has several limitations. First, there are limited physiological studies that specifically examine the effects of Sabbath observance. Second, much of the existing research involving Seventh-day Adventists (SDA) is observational in nature, which restricts the ability to establish direct causal relationships. In addition, confounding lifestyle variables, such as diet, exercise, and other health practices commonly associated with SDA populations, may influence the findings. This study also not including other Sabbath-observing populations, like Jewish communities. Finally, the lack of randomized experimental designs limits the strength of the evidence regarding the direct impact of Sabbath observance on health and well-being.

## CONCLUSION AND RECOMMENDATIONS

This review suggests that Sabbath observance may contribute to cardiovascular health through multiple interconnected mechanisms, including stress regulation, healthy lifestyle behaviors, psychosocial support, and spiritual restoration. The findings indicate that individuals who observe the Sabbath may benefit from structured periods of rest and recovery that support emotional well-being, reduce neuroendocrine stress responses, and reinforce health-promoting behaviors. Furthermore, evidence from chronobiological studies suggests that weekly patterns of rest may align with endogenous circaseptan rhythms involved in cardiovascular, endocrine, and immune regulation. By integrating theological, epidemiological, psychophysiological, and chronobiological perspectives, this review offers a novel biopsychosocial-spiritual framework for understanding Sabbath observance as a potential contributor to cardiovascular resilience and holistic well-being. Future research should employ longitudinal and experimental designs to better isolate Sabbath-specific effects and examine their influence on stress biomarkers, autonomic function, cardiovascular parameters, and circaseptan physiological rhythms.

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