

# Religion/Spirituality and Health: Affirmations and Challenges

David R. Williams, PhD, MPH, MDiv  
Florence & Laura Norman Professor of Public Health  
Professor of African & African American Studies and  
of Sociology  
Harvard University

# Religion & Health for Early Social Scientists

---

Emile Durkheim: Social regulation, integration and meaning provided by religious groups could be health enhancing.

William James: “Healthy minded religion [could prevent] certain forms of disease as well as science does, or even better.”

Freud: Religion as an illusion and mass neurosis, but religious ideas can reduce anxiety and serve as a source of consolation without which many could not endure life. The lack of religious belief could lead to chaos and additional mental anguish.

Karl Marx: In the sentence before characterizing religion as the opiate of the people, Marx indicated that it was nonetheless, “the heart of a heartless world” and “the spirit of a spiritless situation.”

# Lesson 1

Despite some declines in religion over time, religious beliefs and behavior remain an important feature of life for many in contemporary societies

# Belief in a Personal God

---

“There is a God who concerns himself with every human being personally”

Do you agree or disagree?

# Believing in a Personal God

---

E. Germany	8%	Denmark	28%	Italy	54%
Czech Rep.	16%	Australia	29%	Cyprus	56%
France	18%	Hungary	31%	Portugal	58%
Sweden	19%	W. Germany	32%	N. Ireland	60%
Japan	24%	New Zealand	34%	Poland	60%
Netherlands	24%	Latvia	38%	Ireland	64%
Norway	26%	Spain	39%	Israel	67%
Britain	27%	Russia	41%	U.S.	68%
Slovenia	27%	Switzerland	45%	Chile	72%
Austria	27%	Slovakia	51%	Philippines	92%

---

## Lesson 2

Frequency of religious attendance has emerged as a strong predictor of better physical and mental health

# Religious Attendance & Health

---

- A rigorous review of empirical evidence on religion and health concluded that the scientific evidence is strongest for the



association between attendance and mortality

- Religious attendance was associated with a “strong, consistent, prospective, and often graded reduction in risk of mortality.”

- After adjusting for confounders, this reduction approximates 25%.

---

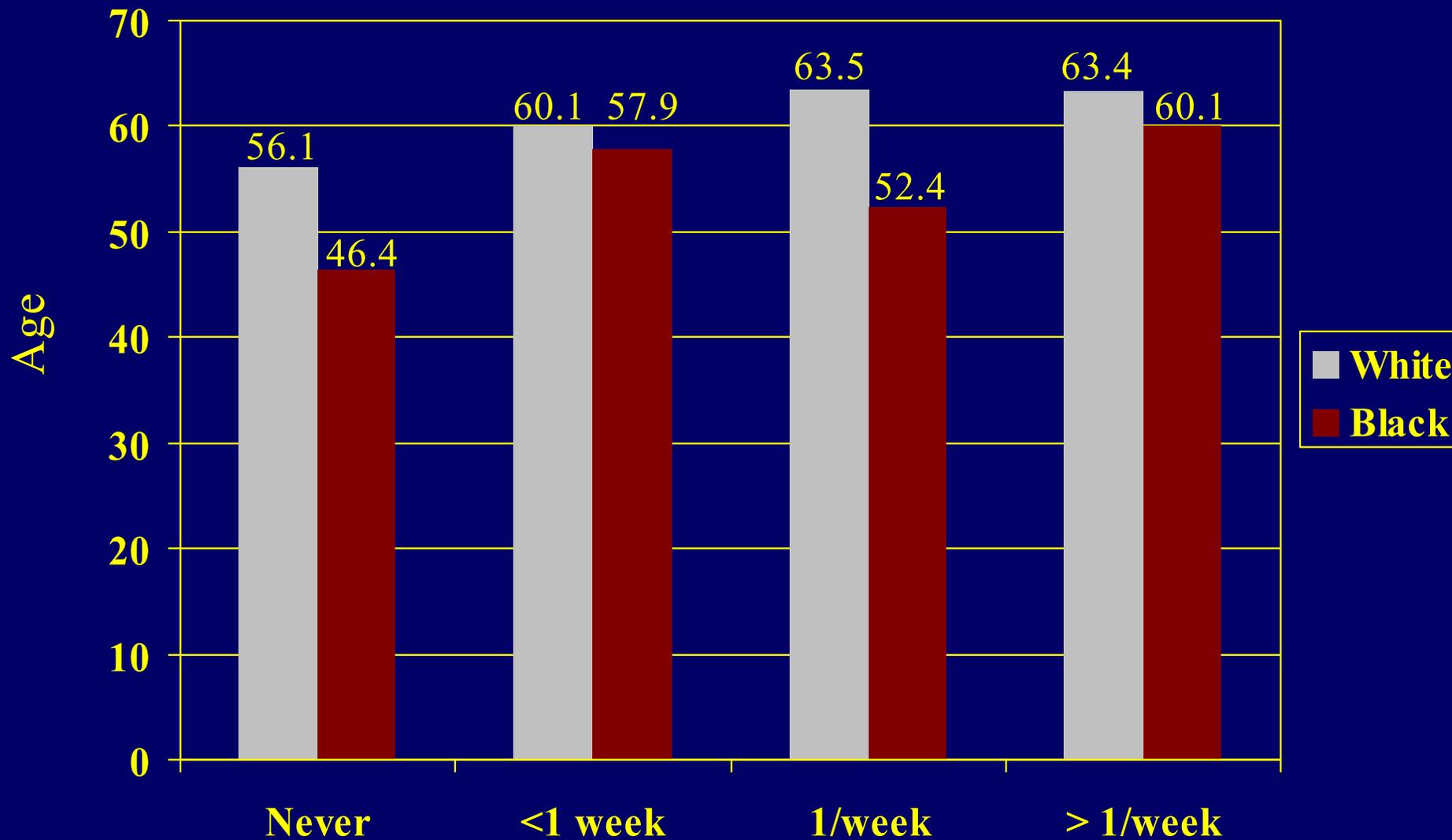
Powell et al., American Psychologist, 2003

# Attendance and Life Expectancy

---

- In a national sample of over 21,000 adults followed over 8 years, attendance is associated with mortality in a graded manner.
- People who never attend have 1.9 times the risk of death of people attending more than once a week.
- Pattern exists for most causes of death.
- At age 20 persons who attend weekly or more live *7.5 yrs longer* than those who never attend. For blacks, the difference was 13.7 yrs.

# U.S. Life Expectancy at Age 20 by Religious Attendance



# Attendance and Blood Pressure

In the largest study to date (NHANES sample of 14,475 adults):

Compared to less frequent attenders, persons who attended religious services weekly or more often had lower levels of hypertension and systolic blood pressure

This association remained significant after adjustment for age, gender, race/ethnicity, marital status, education, BMI, smoking & self-rated health

# Lesson 3

Multiple other indicators of religion/spirituality also matter for health

# Religion & Suicide in Trinidad & Tobago

---

- Study of 4,448 adolescents and young adults
- Frequent attenders less likely to think about suicide and and less likely to attempt suicide
- More frequent prayer and higher rating of religiousness, less likely to think about and less likely to plan suicide
- Compared to non-religious, Catholics and Adventists less likely to think about suicide
- Compared to non-religious, Hindus more likely to be treated for suicide



# New Haven EPESE Findings

---

- Christian respondents less likely to die in the 30 days before Christmas and Easter, 1982 – 1988
  - No differences for Jewish respondents around Christian holidays
- Observant Jewish respondents less likely to die in the 30 days before Yom Kippur and Passover, 1982 – 1988
  - No differences for Christian respondents around Jewish holidays
- Respondents in last year of life retain religious practices and feelings
  - More observant respondents see more friends and relatives
  - More observant respondents have better self-rated health and fewer CESD symptoms
  - Both attendance and subjective religiousness associated with better outcomes

# Sabbath Observance

---

- A study of Jews living in Israel found that deaths decline as the weekend approaches with the fewest deaths on Sabbath. A similar pattern is not evident for the Arab population living in Israel.
- A recent study of over 5,000 SDA's found that more adherent Sabbath-keeping (not engaging in secular activities such as shopping, reading secular magazines, attending secular concerts or theatrical events and watching or listening to news programs) was associated with better mental health.

# Are Religious People Nice?

---

A national study in the U.S. found that more religious participants (reading religious materials, watching or listening to religious programs, attendance) were rated by the interviewers as:

- More enjoyable to interview
- More open (less suspicious)
- More friendly
- Less hostile
- Less bored and more interested in the interview

## Lesson 4

Religious involvement can promote health through multiple pathways:

- reducing the negative effects of stress
- promoting healthier behaviors, and thus a less stressful life-style
- providing social ties and support
- providing meaning systems
- fostering forgiveness

# Religion and Health

## *Pathway*

Religious involvement can buffer the negative effects of stress on health

## Religious Attendance (Buffering Effect)

In a prospective study of 720 adults in New Haven, Connecticut:

Attendance at religious services did not directly reduce psychological distress,

But in the face of stress (28 undesirable life events and 16 health problems), it reduced the negative effects of these stressors on mental health.

---

Williams, Larson, Buckler, Heckmann & Pyle, Soc Sci & Med, 1991

# Religion and Health

## *Pathway*

Religious involvement can promote healthier behaviors, and thus a less stressful life-style, and lower risk of chronic disease

# Religion and Adolescent Risk Behavior

- Religious high school seniors less likely than non-religious to:

- Use marijuana
- Smoke cigarettes
- Drive after drinking
  - Get into fights or hurt someone
  - Ride with driver who had been drinking
  - Engage in binge drinking (5 or more drinks)
  - Carry a weapon (gun, knife, club) to school



# Religion & Healthy Adolescent Behavior

- Religious high school seniors were more likely than non-religious to
  - Wear seat belts
  - Eat breakfast, green vegetables and fruit
  - Get regular exercise
  - Sleep at least 7 hours per night



Wallace & Forman 1998; Monitoring the Future Study, *Health Ed & Behavior*

# Alameda County Study

---

- Began in 1965 with 6,928 adults aged 17- 95
- Alameda County is on San Francisco Bay and includes Oakland and Berkeley
- 2,676 survivors from 1965 to 1994
- Examined the association of 1965 frequency of attendance with 1994 improved or maintained healthy behaviors
- Adjusted for age, sex, education, and self-rated health

# Odds of Improved Healthy Behaviors for Weekly Attenders over ~30 years

---

Quit smoking	1.78
Started physical activity	1.54
Stopped being depressed	2.31
Got and stayed married	1.57
Increased personal relationships	1.62
Stopped heavy drinking	1.39
Started medical checkups	0.98

---

Strawbridge et al., Ann Behav Med, 2001

# Religion and Health

## *Pathway*

Religious involvement can provide  
social ties and support

# Social Support and Health

---

- Research finds that the quantity and quality of social ties are among the strongest predictors of health
- Experiments with animals and humans find that the presence of others can reduce the negative effects of experimentally induced stress on psychological, physiological, and behavioral functioning
- U.S. studies reveal that the absence of social ties is as strongly linked to overall death rates as is cigarette smoking
- That is, social isolation is as bad for one's health as is smoking!

---

House, Landis & Umberson, Science, 1988

# Congregations: Sources of Social Support

---

- Congregation based friendship networks can serve as a type of extended family (Taylor & Chatters 1988).
  - Church-related friends are strongly related to life satisfaction for elderly blacks and accounts for the advantage in subjective well-being for older blacks (Ortega et al. 1983).
  - Religious support provided important health benefits to both African Americans and whites (Ferraro & Koch, 1994).
-

# Opportunity to Enhance Health

*We need to maximize opportunities for religious congregations and communities to become supportive, close-knit, “villages” that enhance physical health and emotional well-being*

# Religious Congregations as a “Village”?



- In today’s society, many do not have ties to close-knit groups. They may participate in clubs, service organizations, organized sports or other community activities but may fail to fully create “the village”
- Religious groups share core beliefs, meet regularly, have a shared commitment to meet each other’s needs, and provide & enforce a framework for acceptable behavior
- Such investments by regular attendees into a collective community can give their participation a significance greater than the aggregation of individuals in a group.

# Religion and Health

## *Pathway*

Religious involvement can provide meaning systems that place the challenges of life into perspective

# Multiple Aspects of Spirituality

- 210 patients: 1/3 cancer, 1/3 COPD, 1/3 CHF
- Three subscales of Spiritual History Scale:
  - God helped: past help-seeking and support received from the divine or from religious practices (10 items)
  - Lifetime Religious Social Support: adult religious participation and involvement (4 items)
  - Cost of Religion: presence of physical, emotional and interpersonal losses associated with one's religious life
- Two subscales of the FACIT-Sp (Functional Assessment of Chronic Illness Therapy Spiritual Well-Being Scale)
  - Faith subscale: role of faith in illness (4 items)
  - Meaning and Peace subscale: meaning, peace and purpose in life

# Spirituality, Anxiety and Depression

- Higher levels of belief in the role of faith in illness, and finding peace, meaning, purpose in life associated with fewer symptoms of anxiety and depression
- Negative religious experiences (cost of being religious) predicts more anxiety and depression
- Patterns consistent across diagnoses
- Finding comfort, guidance, and meaning in one's faith enhances mental health for patients facing serious illness regardless of diagnosis

# Religion and Health

*Pathway*

Religious involvement can foster  
forgiveness

# Forgiveness and Health

- Forgiveness associated with activation of certain brain regions (emotional regulation and moral judgment), reduced cardiovascular reactions, neuro-endocrine activity and physiological responses to stress
- Limited evidence finds that unforgiveness is associated with increased CVD events and mortality risk

Loren L. Toussaint  
Everett L. Worthington, Jr.  
David R. Williams  
*Editors*

## Forgiveness and Health

Scientific Evidence and Theories  
Relating Forgiveness to Better Health

 Springer

# Religious Involvement and Health

## New Directions in Research

*Paying greater attention to understanding the sacred in religious engagement and the extent to which it has consequences for health*

# The Sacred

---

- People can view any aspect of their life as sacred, that is, having divine character and significance
- Sacred phenomena are central to religion and spirituality and the designation of an object, or role as sacred takes on a special character that could have consequences for health
- The sacred can include material objects (crucifix), space (churches), events and transitions (baptism), cultural artifacts (music, literature), people (saints), psychological attributes (the self), social attributes (patriotism), roles (parenting, work, marriage) and time (religious services).

# Sacred Matters

---

- People who see their work as a “calling” miss fewer days of work than those who view it as a career
- Those who view the environment as sacred give more funds to environmental causes
- Young adults who view their bodies as sacred engage in more healthy practices (wearing a seat belt, lower use of alcohol & tobacco, getting adequate sleep, avoiding overwork)
- Women who viewed sex as sacred report greater pleasure and satisfaction from the sexual act

## Sacred Matters - 2

---

- Students who view their body as sacred report greater satisfaction with their physical appearance and more self-confidence in controlling urges to overeat
- Seeing marriage as sacred predicts higher marital satisfaction than spouses who view marriage as important but not sacred
- Couples who view their marriage as sacred have less marital conflict, and less verbal aggression

## Sacred Matters - 3

---

- Parents who see parenting as sacred report more consistent parenting behavior and less verbal aggression to their children
- Memorable dreams viewed as sacred associated with more positive affect and stress-related spiritual growth, even after adjusting for the positivity and negativity of the dream itself

# Our Example

---

- P. 74: “There are many who dwell with interest upon the period of His public ministry, while they pass unnoticed the teaching of His early years... He lived to please, honor, and glorify His Father in the common things of life. He was doing God's service just as much when laboring at the carpenter's bench as when working miracles for the multitude.”
- P. 72: Jesus sought to “do the best work in every line. He was not willing to be defective, even in the handling of tools. He was perfect as a workman, as He was perfect in character. By His own example He taught that it is our duty to be industrious, that our work should be performed with exactness and thoroughness, and that such labor is honorable.”

# Lesson 5

Religious involvement can have both positive and negative effects on health

# Attendance and Mental Health

- Probability sample of 3, 105 adults in Chicago
- Contrasts Evaluated:
  - Attendance beliefs: social attendance versus vs spiritual attendance
  - Congregational support versus criticism
  - Positive versus negative religious coping

# Why one Attends Services Matters

## *Social attendance beliefs*

- I feel accepted and understood when I am with people from my religious congregation
- Attending religious services helps to establish me as a person in the community

## *Spiritual Attendance beliefs*

- My faith is renewed when I attend religious services
- I feel a sense of inner peace when I attend religious services
- When I attend religious services I feel the presence of God
- Social attendance beliefs predict more symptoms of anxiety and depression

## Social Ties: Negative and Positive

In addition to support, religious communities can be a source of social conflict, control, and criticism

While emotional and instrumental support from members of one's congregation tends to promote mental health, Congregational criticism is associated with poorer mental health

### *Congregational criticism*

- How often are the people in your congregation critical of the things you do?

# Positive Vs. Negative Religious Coping

Negative religious coping related to more mental health symptoms

## *Sample Questions*

### Positive religious coping

- I work together with God as partners to deal with major problems in my life
- I look to God for strength, support, and guidance as a way to cope with major problem

### Negative religious coping

- I feel God is punishing me for my sins or lack of spirituality

## Negative Religious Coping and Mortality

---

- A longitudinal cohort study of 596 medically ill patients aged 55 or older
- Negative religious coping (or, religious struggle) was associated with greater risk of mortality
- Specifically, patients who reported that they ‘wondered whether God had abandoned me;’ ‘questioned God’s love for me;’ ‘decided that the devil made it happen’; had a 19% to 28% increase in risk of dying during the 2-year follow-up period.

# The Harmfulness of Faith Healing

---

Study sample: 172 children who died (1975-95)

- a) after parents refused medical care
- b) preferred faith healing alone

Study results: 140 (81%) died from conditions with excellent long-term survival (e.g. Dehydration, diabetes, measles, pneumonia, appendicitis) with medical care.

59 prenatal & newborn died, 58 from conditions with excellent long-term survival following medical care.

# Illness Prevention: Domestic Violence

---

- Men who regularly attend religious services are one-third as likely to abuse.
- Abuse by men or women is reduced for regular attenders even when controlling for unemployment or educational differences.

## Illness Prevention: Domestic Violence

---

- Theologically conservative men married to more liberal women twice as likely to abuse than if married to conservative spouses.
- Study highlighted: Religion may matter in positive and negative ways for the risk of violence.
- Other evidence indicates that theological beliefs about the headship of men and the submission of women have been used by some men to justify domestic violence and as a rationalization for some women to accept such abuse

---

Ellison CG, et al. *J Fam Issues* 1999; 20(1):87-113.

# Domestic Violence among SDAs

---

- A random sample of 1,431 SDAs in 70 churches in 5-state area in the U.S. found disturbingly high levels of intimate partner violence among Adventists:
  - 65% reported that they had experienced controlling and demeaning behavior at least once in their lifetime
  - 46% experienced common couple violence
  - 29% reported sexual violence
  - 10% severe physical violence
- 

Drumm et al., Soc Work and Christianity, 2006

# Church Attendance and Weight

---

In the largest study to date (NHANES sample of 16,657 adults):

There was a greater prevalence of overweight and obesity in frequent attenders vs non attenders

This pattern existed for young and old, men and women, blacks, whites and Mexican Americans, except for older white women where the direction was reversed

Adjusting the association for smoking status reduced it to marginal significance. Smokers tend to have lower BMI than non-smokers

# Religion & Weight

---

- Some studies find that religiosity and religious attendance are positively associated with BMI
- Most observed relationships are independent of SES
- Relationships partly explained by other health behaviors, especially smoking

## Why the Link?

---

- Church potluck effect?
  - “Trivializing gluttony” as a sin?
  - Ubiquity of unhealthy food for celebrations
  - Smoking prevalence
  - Hospitable (welcoming) religious organizations
-

# Preparing members for Adversity

---

How do we cope with the gap between  
the ideal and reality?

---

## Buffering Effects: Positive and Negative

Cross-sectional analyses of the Alameda county study:

Religiosity (organizational and nonorganizational) reduced the negative effects of non-family stressors (e.g. financial problems, neighborhood stress, chronic illness) on depression.

BUT,

Nonorganizational religiosity exacerbated the effects of child problems with depression, and organization religiosity exacerbated the effects of family stressors (marital stress, abuse, and caregiving problems) on depression.

# Understanding Negative Effects

---

Stressors that raise conflicts with values emphasized by religious organizations (unruly children, difficult marriages, problems caring for older parents) may be perceived as unlikely to occur

When they happen, they can lead to feelings of stigmatization and low levels of active conflict resolution.

## Lesson 6

There are multiple signs of vulnerable populations who need support and care for challenges with emotional well-being

Rates of mental Mental Disorders are increasing

They are especially high among young people

There are unrecognized high risk groups

# Mental Health Needs all Around Us

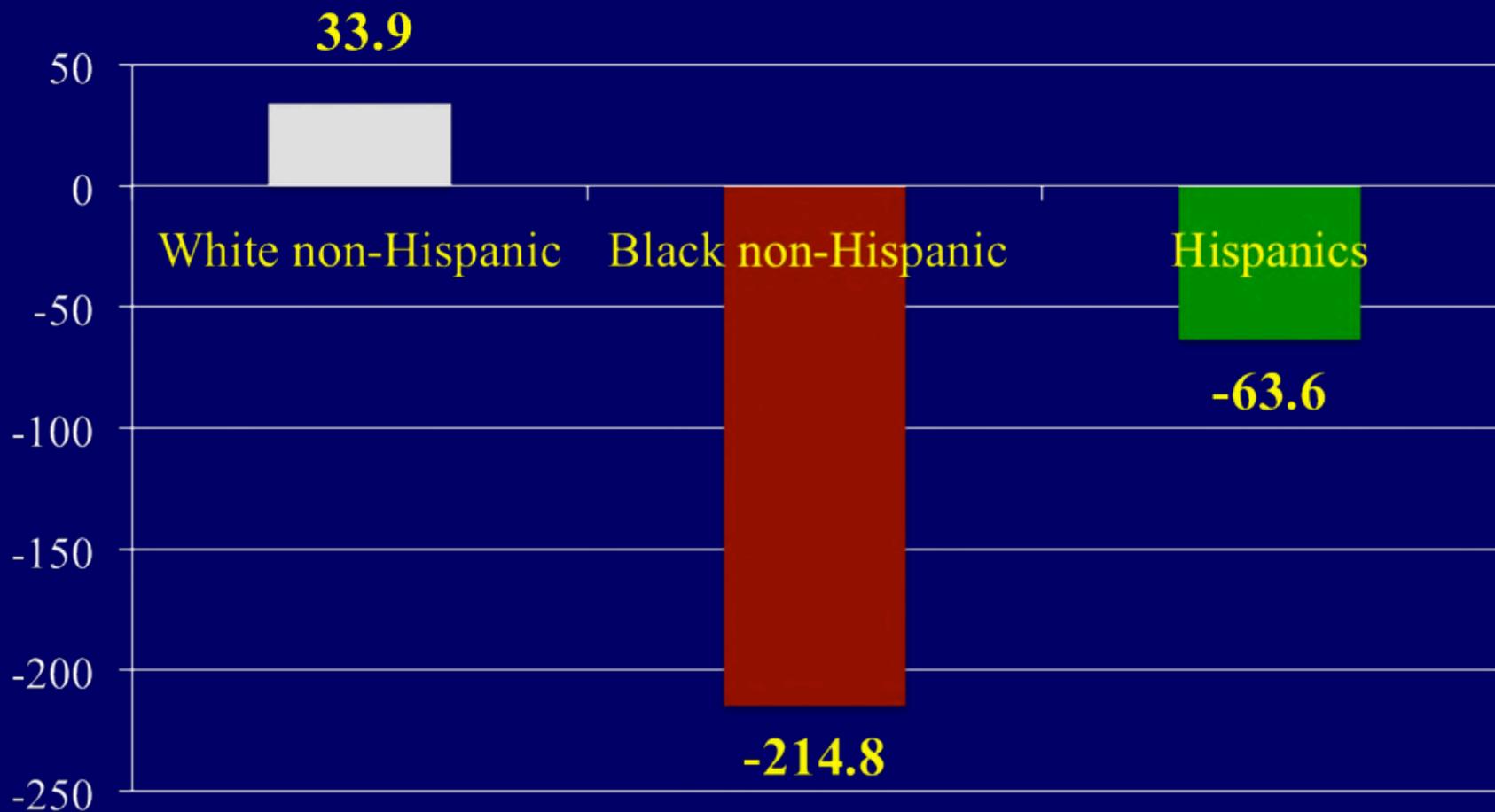
---

- Recent paper triggered shock and concern through medicine and public health
- It reported that the life expectancy of middle-aged whites in the U.S. had fallen since the late 90's, while that of all other groups had risen
- The magnitude of the excess deaths exceeds the total deaths from HIV/AIDS

# Mortality Changes, 45-54 Year Olds by Race, 1999-2013

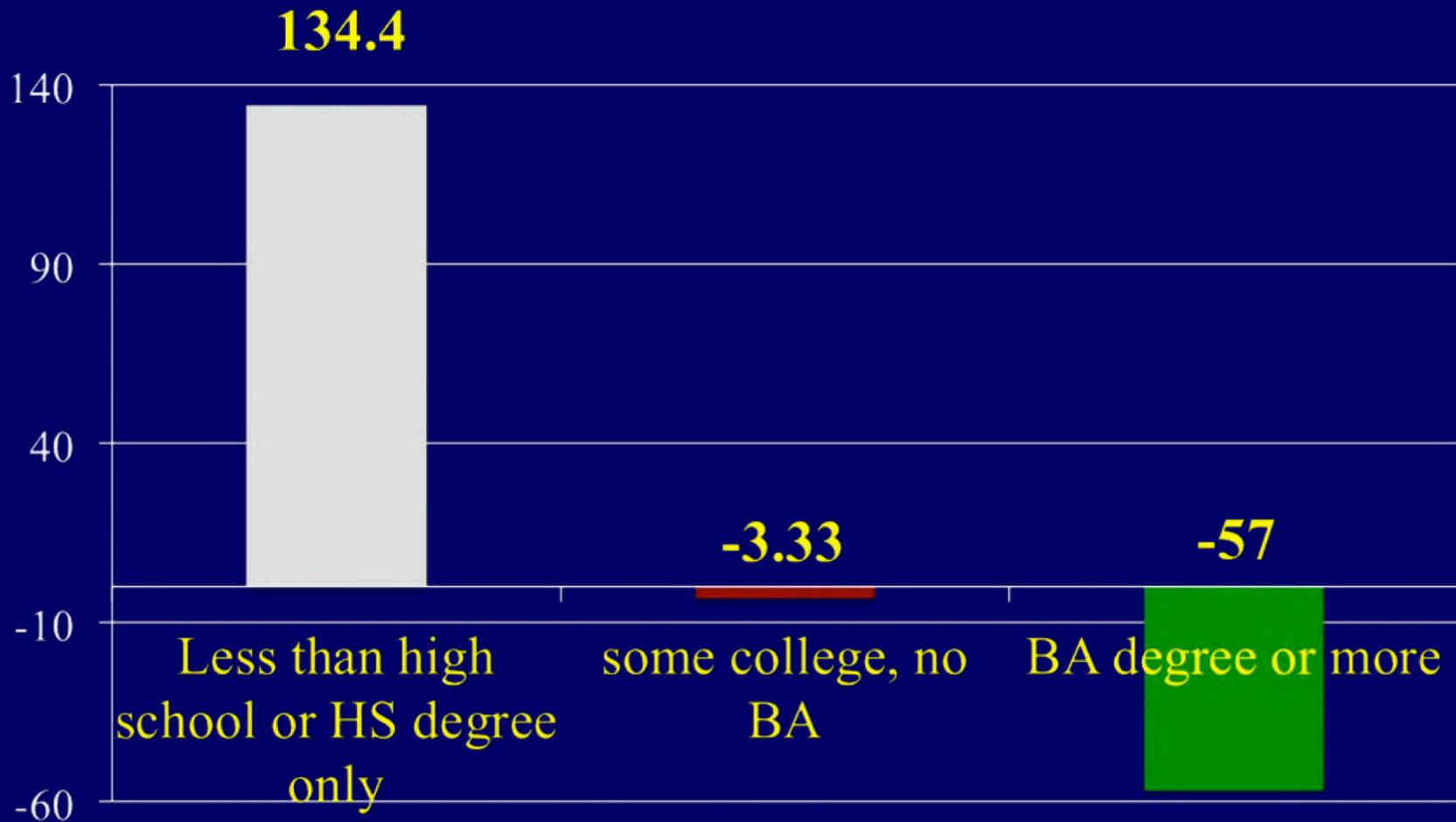
---

**All-causes, deaths per 100,000 pop.**



# Change in Mortality, Whites, 1999-2013

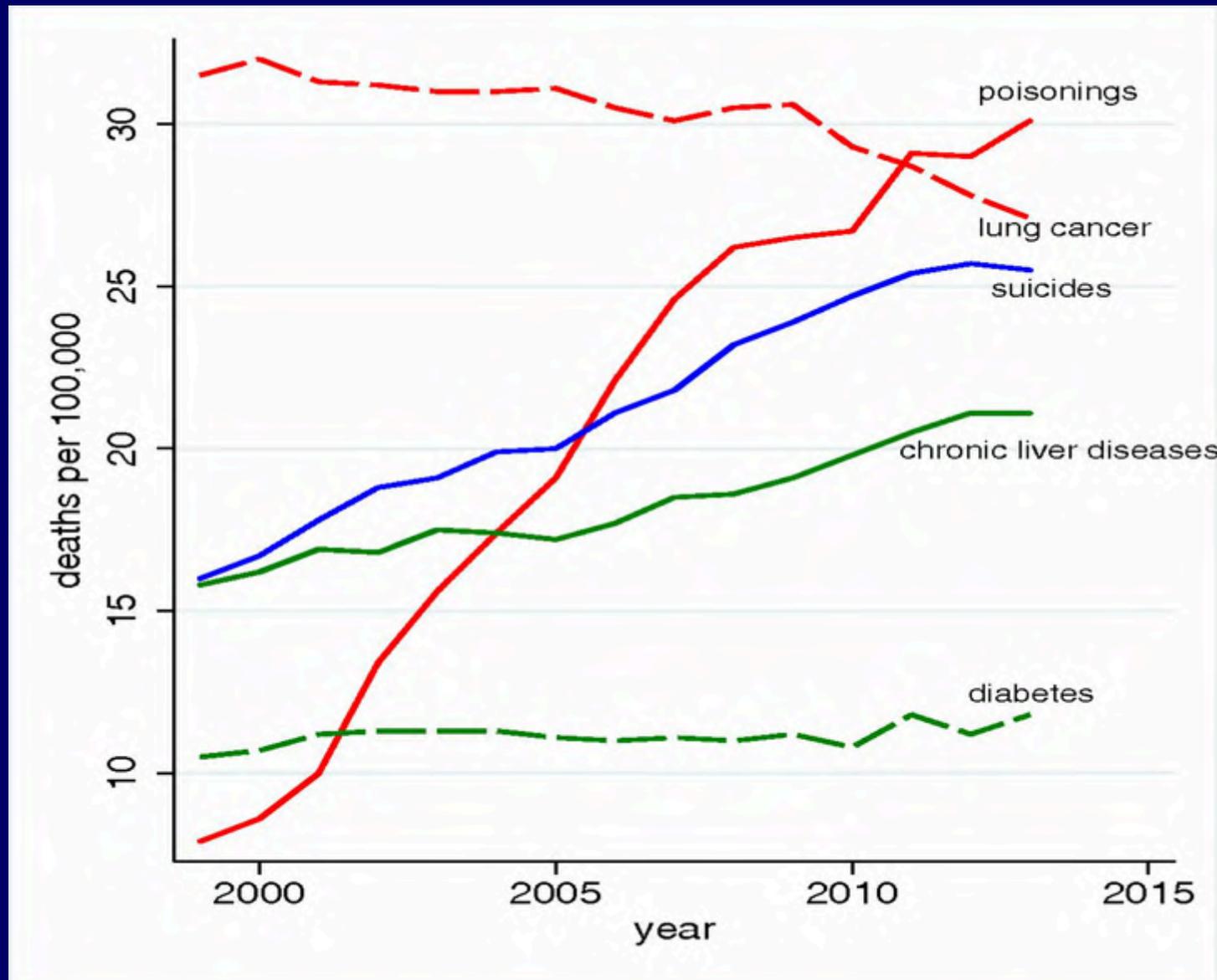
All-causes, per 100,000 pop, by Education



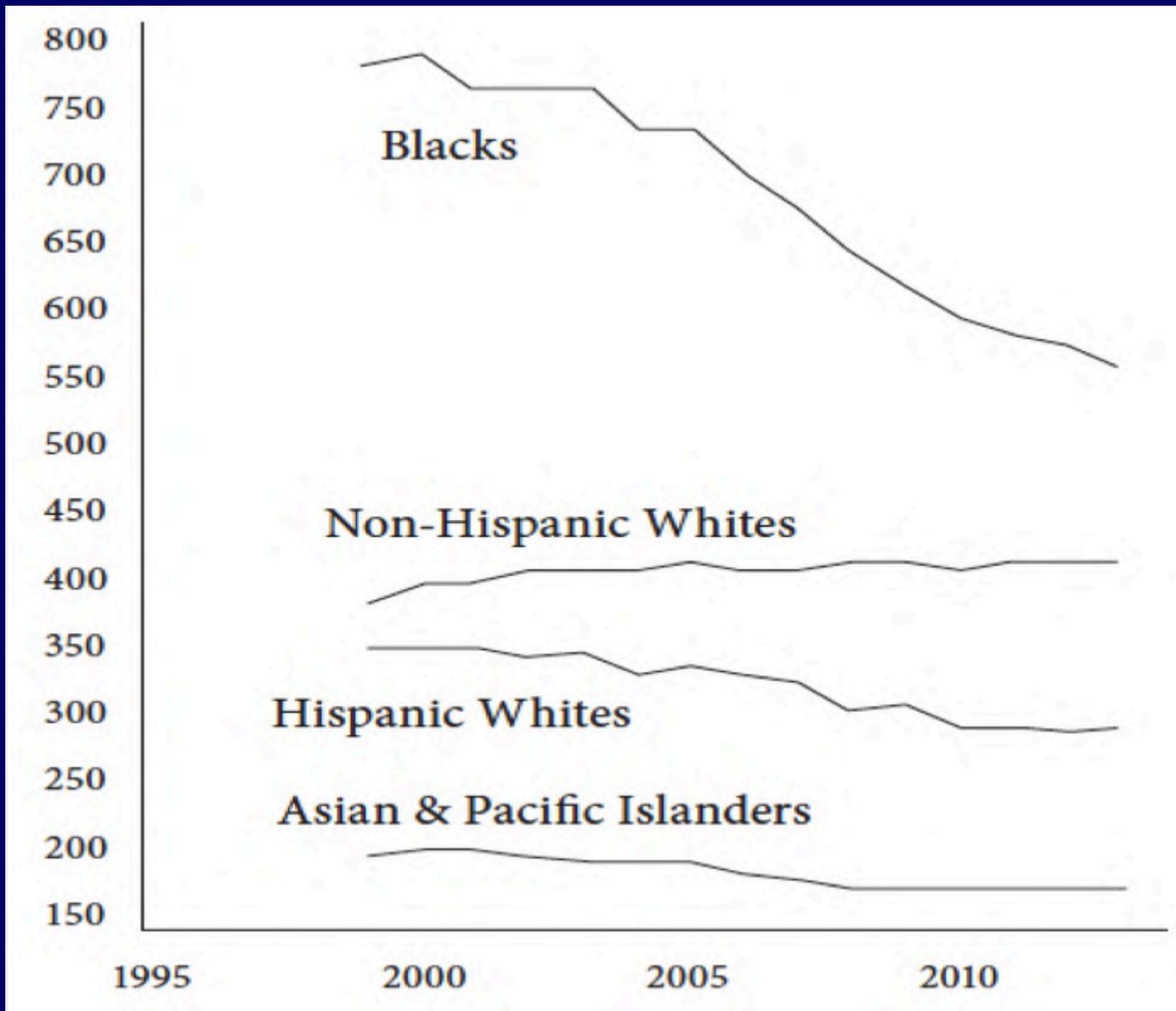
# Underlying Mental Health Challenges

- What are the drivers?
  - Depression
  - Distress
  - Hopelessness
- Manifested in increases in
  - Opioid overdose
  - Liver cirrhosis
  - Suicide

# Mortality by Cause, Whites, aged 45-54



# Mortality\* at Ages 45-54, by Race



\*Deaths per 100,000 pop.  
Data from CDC Wonder.

## Mental and Physical Health

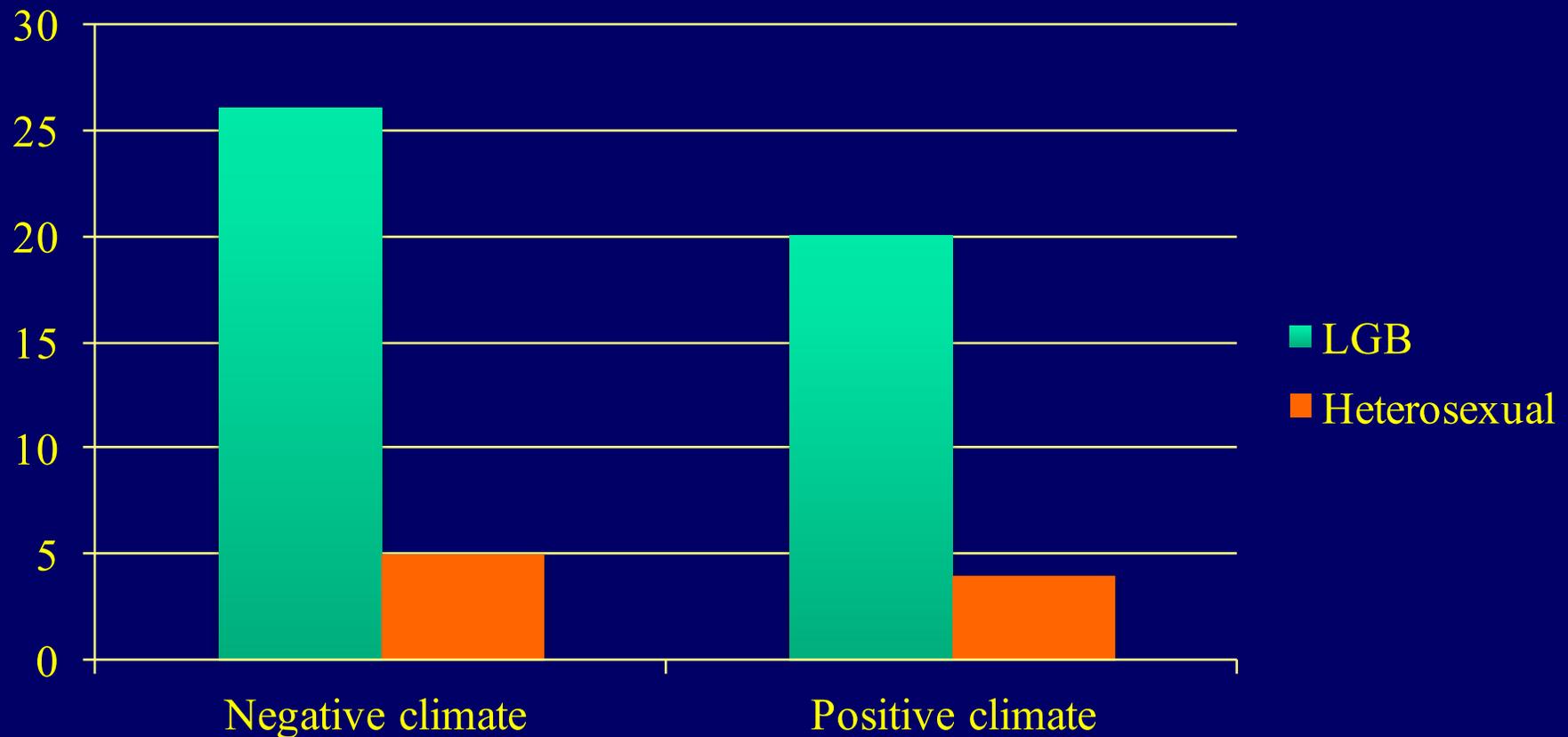
“The relation that exists between the mind and the body is very intimate. When one is affected, the other sympathizes. The condition of the mind affects the health to a far greater degree than many realize. Many of the diseases from which men suffer are the result of mental depression. Grief, anxiety, discontent, remorse, guilt, distrust, all tend to break down the life forces and to invite decay and death.”

# Social Climate and Suicide Risk

## 11<sup>th</sup> Graders in State of Oregon

---

Percentage attempting suicide in past year



# The Promise

---

*But those who wait on the LORD will  
find new strength.*

*They will fly high on wings like eagles.*

*They will run and not grow weary.*

*They will walk and not faint.*

*Isaiah 40:31 (New Living)*

---