Effects of Religious Practice on Health

Religious practice substantially contributes to physical and mental health. Regular religious practice lessens depression, promotes self-esteem, and builds familial and marital happiness. Religious worship also increases longevity, improves an individual's chances of recovering from illness, and lessens the incidence of many diseases. The health savings value of religious practice in 2012 was around $115.5 billion, according to Rodney Stark, Pulitzer Prize nominee and Baylor University researcher.[1)]

1. Mental Health

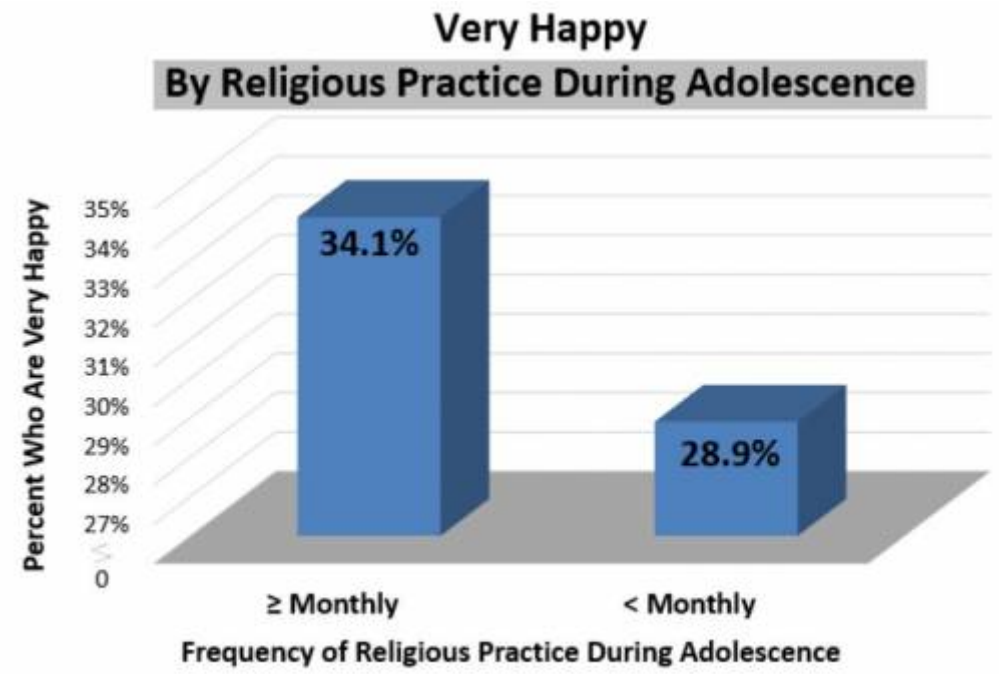
Good mental health is highly correlated to religious participation.[2)] An increase in religious practice was associated with having greater hope and a greater sense of purpose in life.[3)] A systemic literature review of 99 studies found “some positive association…between religious involvement and greater happiness, life satisfaction, morale, positive affect, or some other measure of well-being” 81 percent of the time. This analysis included a wide diversity of ages, races, and denominations.[4)]

1.1 Happiness and Well-Being

Religious affiliation and regular church attendance were among the most common reasons people gave to explain their own happiness.[5)] Happiness was greater and psychological health was better among those who attended religious services regularly.[6)] According to the Pew Research Center, highly religious[7)] Americans are more likely to be “Very happy with the way things are going in life” and to be “Very satisfied with family life” than their less religious counterparts.[8)] A majority of the literature in an extensive review concluded that religious commitment and practice lead to increased self-esteem and that religious practice correlated with increased social support.[9)] Older Americans who went to church frequently were more likely to have a closer relationship with God, more likely to provide social support for family and friends, and more likely to have a deeper sense of meaning in life.[10)]

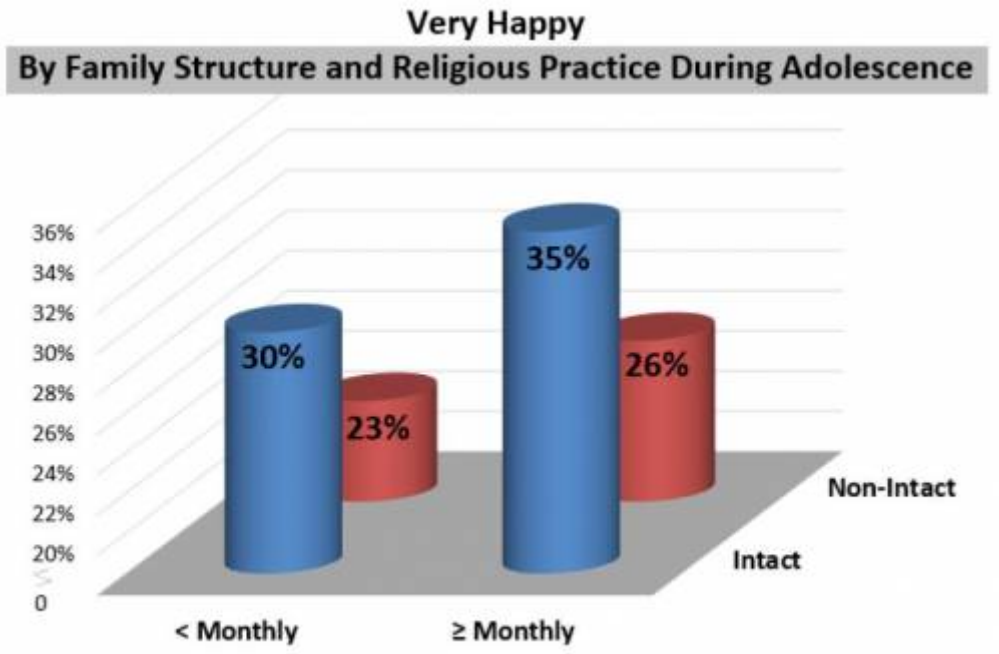
1.1.1 Related American Demographics

According to the General Social Survey (GSS), 34.1 percent of adults who attended religious services at least monthly as adolescents considered themselves very happy, compared to 28.9 percent of adults who attended worship less than monthly as adolescents.[11)] (See Chart)



Source: General Social Survey, 1972-2006.

Those who worshiped frequently *and* were raised in an intact family tended to be the most happy. The General Social Survey (GSS) also showed that 35 percent of adults who attended religious services at least monthly and lived in an intact family through adolescence considered themselves very happy, compared to 23 percent of adults who attended religious services less than monthly and lived in a non-intact family as adolescents.[12] (See Chart Below)



Source: General Social Survey, 1972-2006.

1.2 Stress, Self-Esteem, and Coping Skills

More frequent attendance at religious services predicted less distress among adults[13] and high school students,[14] even when controlling for for normal sociodemographic predictors.[15] For adults, a strong

belief in eternal life also predicted less harmful stress from work-related problems.[16] African-Americans who were more religious reported a greater sense of control than less religious respondents; this greater sense of control was, in turn, correlated with decreased distress.[17] People who were frequently involved in religious activities and highly valued their religious faith were at reduced risk of depression, according to a review of more than 100 studies.[18] Those who participated in community religious services had lower levels of depression than those who did not fellowship in a religious community but prayed alone.[19] First-graders and kindergartners whose parents attended religious services were less likely to experience anxiety, loneliness, low self-esteem, and sadness.[20] Adolescents at one public school in Texas who frequently attended religious services and derived great meaning and purpose from religion in their lives had lower levels of depression than their less religious peers.[21]

Membership in a religious community can enhance coping skills. One study found that people were much more inclined to use positive coping responses when they received spiritual support from fellow church members.[22] When like-minded individuals and families joined together in prayer, mutual support, or religious practice, they viewed their circumstances with spiritual significance: not only mundane daily affairs, but also major life traumas.[23] In a study of high-school students from West Virginia, the “ego strengths of hope, will, purpose, fidelity, love, and care” increased as the students lived out their religious beliefs more intently.[24]

Thus, involvement in religious practice, religious organizations, and religious communities tends to lead to favorable self-image and to foster the development of faith, hope, benevolence, and a belief in divine grace as personal spiritual resources.[25]

1.2.1 Related American Demographics

According to the National Survey of Children's Health, parents whose children attended worship at least weekly report slightly less parenting stress than those parents whose children attended worship less frequently.[26] (See Chart Below)

Source: National Survey of Children’s Health, Adolescents Aged 6-17.

1.3 Depression and Suicide

Both public and private religious practice protect against depression. People who were frequently involved in religious activities and highly value their religious faith were at a reduced risk for depression, according to a review of more than 100 studies. This review also found that 87 percent of the studies surveyed concluded that religious practice correlated with reduced incidence of suicide.[27)] According to Tyler J. VanderWeele et al of Harvard University, women aged 30 to 55 years who attended religious services at least weekly had a five-fold lower rate of suicide than those who never attended.[28)] A 2016 analysis of the Nurses' Health Study[29)] by Harvard researchers showed that women who attended religious services weekly or more were less likely to become depressed. The same study reported that women who were already depressed were less likely to attend religious services weekly or more, which in turn can worsen their depression.[30)] Levels of depression were also lower for those who participated in religious services than they were for those who only prayed on their own.[31)]

Studies have found that adolescents who frequently attended religious services and had a high level of spiritual support from others in their community had the lowest levels of depression.[32)] Adolescents at a school in Texas who frequently attended religious services and derived great meaning and purpose from religion had lower levels of depression than their less religious peers.[33)] Conversely, a lack of religious affiliation correlated with an increased risk of suicide.[34)] Immigrant youth likewise enjoyed the benefits of a higher level of general well-being when they attended religious services frequently.[35)]

2. Physical Health

2.1 Longevity

Men and women who attended church weekly had the lowest mortality rates.[36)] Religious practice delivered longevity benefits, most significantly by encouraging a support network among family and friends that helped to maintain a pattern of regimented care, reducing one's mortality risk from infectious diseases and diabetes.[37)] Greater longevity was consistently and significantly correlated with higher levels of religious practice and involvement, regardless of the sex, race, education, or health history of those studied.[38)] A review of medical, public health, and social science literature that empirically addressed the link between religion and mortality found that religious practice decreased mortality rates.[39)] Those who were religiously involved live an average of seven years longer than those who were not. This gap is as great as that between non-smokers and those who smoked a pack of cigarettes a day.[40)] Among women, attending a religious service more than once a week was linked to a 33 percent lower mortality risk compared to those who never attended religious services.[41)] Among African–Americans, the benefit of religion to longevity was particularly large. The average life span of religious blacks was 14 years longer than that of their nonreligious peers.[42)] Among African Americans (aged 18 to 54), those who attended church more than weekly had an even lower mortality risk than those who attended just once a week or not at all.[43)]

2.2 Diseases

An earlier review of 250 epidemiological health research studies found a reduced risk of colitis, different types of cancer, and untimely death among people with higher levels of religious commitment.[44] Conversely, at any age, those who did not attend religious services had higher risks of dying from cirrhosis of the liver, emphysema, arteriosclerosis, and other cardiovascular diseases and were more likely to commit suicide, according to an even earlier review by faculty of the John Hopkins University School of Public Health.[45] The most significant pathway by which religious practice delivered these longevity benefits was a lifestyle that reduced the risk of mortality from infectious diseases and diabetes by encouraging a support network among family and friends that helped to maintain a pattern of regimented care.[46]

3. Religious Institutions

Religious organization partner with public health institutions and provide health-related services and resources that promote physical and mental well-being.[47] According to a 2014 report by Peter J. Brown of Emory University, the "Catholic Church—one of the largest health care providers—operated 5,246 hospitals, 17,530 dispensaries, 577 leprosy clinics, and 15,208 houses for the chronically ill and handicapped world-wide."[48] Brian and Melissa Grim put the U.S. economic contribution of the religious organizations to the healthcare sector at $161 billion. [49] [50]

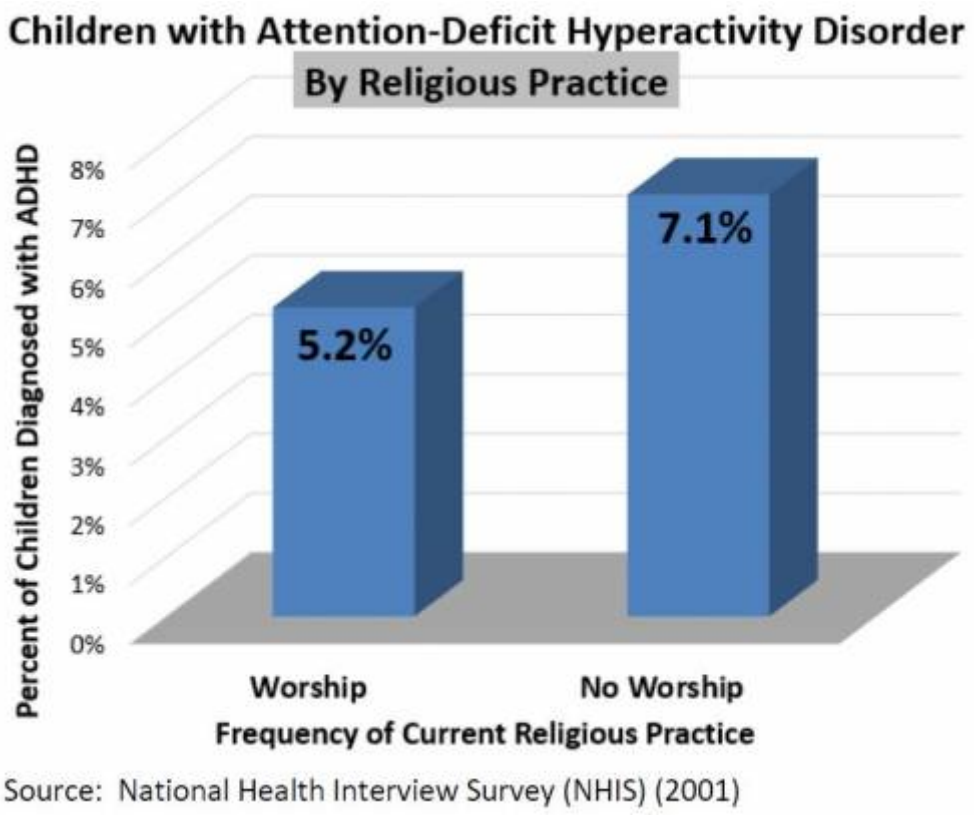
4. Adolescent Practice of Religious Worship

Adolescents whose mothers attended religious services at least weekly displayed better health, greater problem-solving skills, and higher overall satisfaction with their lives, regardless of race, gender, income, or family structure.[51]

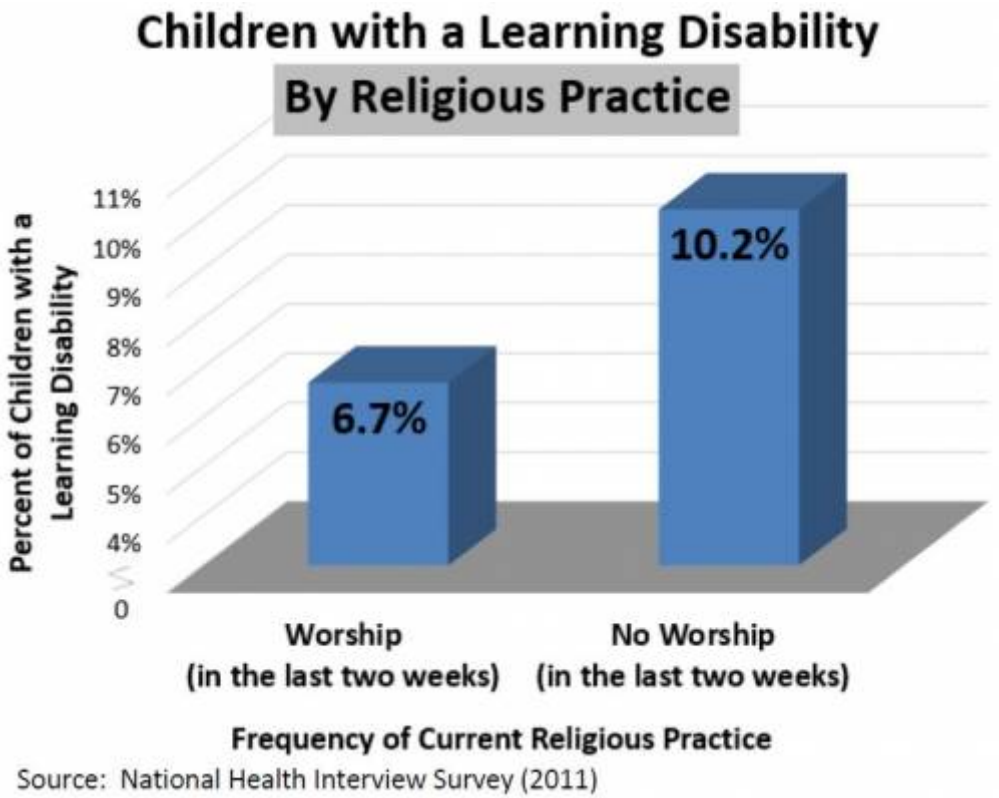
Youth who both attended religious services weekly and rated religion as important in their lives were more likely to eat healthfully, sleep sufficiently, and exercise regularly.[52] Young people who both attended religious services weekly and rated religion as important in their lives were less likely to engage in risky behavior, such as drunk driving, riding with drunk drivers, driving without a seatbelt, or engaging in interpersonal violence. They were also less likely to smoke (tobacco or marijuana) or drink heavily.[53]

4.1 Related American Demographics

The 2001 cycle of the National Health Interview Survey (NHIS) showed that fewer children from families who worshiped had been diagnosed with ADHD (5.2%) than children whose families did not worship (7.1%).[54] (See Chart)



NHIS also showed that families that worshiped every other week (or more) were less likely to have been told that their child had a learning disability (6.7 percent) than were families that did not worship (10.2 percent).[55] (See Chart Below)



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Patrick F. Fagan and Althea Nagai, "Intergenerational Links to Happiness: Religious Attendance," Mapping America Project. Available at http://marri.us/wp-content/uploads/MA-49-51-165.pdf

[12] This chart draws on data collected by the General Social Survey, 1972-2006. From 1972 to 1993, the sample size averaged 1,500 each year. No GSS was conducted in 1979, 1981, or 1992. Since 1994, the GSS has been conducted only in even-numbered years and uses two samples per GSS that total approximately 3,000. In 2006, a third sample was added for a total sample size of 4,510.
Patrick F. Fagan and Althea Nagai, "Intergenerational Links to Happiness: Religious Attendance and Family Structure," Mapping America Project. Available at http://marri.us/wp-content/uploads/MA-49-51-165.pdf

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[54] A worshipping family has attended at least one worship service in the past two weeks.
Patrick F. Fagan and Paul Sullins, “Children with Attention-Deficit Hyperactivity Disorder (ADHD) by Family Structure and Religious Worship,” Mapping America Project. Available at http://marri.us/wp-content/uploads/MA-140.pdf

[55] The 2001 cycle of the National Health Interview Survey (NHIS) was chosen because that year had a measure of religious attendance, permitting our regular Mapping America analysis. A worshiping family had attended at least one worship service in the past two weeks. According to the 2000 NHIS Field Representative’s Manual, “learning disability” for this question was defined as: “a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written. It may be evident by an inability to listen, think, speak, read, write, spell, or do mathematical calculations.
Patrick F. Fagan and Paul Sullins, “Percentage of Children with a Learning Disability by Family Structure and Religious Worship,” Mapping America Project. Available at http://marri.us/wp-content/uploads/MA-141.pdf

This entry draws heavily from 95 Social Science Reasons for Religious Worship and Practice and Why Religion Matters Even More: The Impact of Religious Practice on Social Stability