Faith Communities and Health

What is the faith factor, and what are some possible explanations for the link between faith and health?

A wealth of studies—some 1800 of them in the twenty-first century’s first decade alone—has revealed another curious correlation, called the faith factor (Koenig et al., 2012). Religiously active people tend to live longer than those who are not religiously active. One such study compared the death rates for 3900 people living in two Israeli communities. The first community contained 11 religiously orthodox collective settlements; the second contained 11 matched, nonreligious collective settlements (Kark et al., 1996). Over a 16-year period, “belonging to a religious collective was associated with a strong protective effect” not explained by age or economic differences. In every age group, religious community members were about half as likely to have died as were their nonreligious counterparts. This difference is roughly comparable to the gender difference in mortality. A more recent study followed 74,534 nurses over 20 years. When controlling for various health risk factors, those who attended religious services more than weekly were a third less likely to have died than were nonattenders (Li et al., 2016).

How should we interpret such findings? Correlations are not cause-effect statements, and they leave many factors uncontrolled (Sloan, 2005; Sloan et al., 1999, 2000, 2002). Here is another possible interpretation: Women are more religiously active than men, and women outlive men. Might religious involvement merely reflect this gender-longevity link? Apparently not. One 8-year National Institutes of Health study followed 92,395 women, ages 50 to 79. After controlling for many factors, researchers found that women attending religious services at least weekly experienced an approximately 20 percent reduced risk of death during the study period (Schnall et al., 2010). Moreover, the association between religious involvement and
Life expectancy is also found among men (Benjamins et al., 2010; McCullough et al., 2000; McCullough & Laurenceau, 2005). A 28-year study that followed 5286 Californians found that, after controlling for age, gender, ethnicity, and education, frequent religious attenders were 36 percent less likely to have died in any given year. Women attending weekly religious services, for example, were only 54 percent as likely to die in a typical study year as were nonattenders.

In another 8-year controlled study of more than 20,000 people (Hummer et al., 1999), this effect translated into a life expectancy of 83 years for those frequently attending religious services and only 75 years for nonattenders.

These correlational findings do not indicate that nonattenders can suddenly add 8 years of life if they start attending services and change nothing else. Nevertheless, the findings do indicate that religious involvement, like nonsmoking and exercise, is a predictor of health and longevity. Research points to three possible explanations for the religiosity-longevity correlation (Figure 12.25):

- Healthy behaviors. Religion promotes self-control (DeWall et al., 2014; McCullough & Willoughby, 2009). And that helps explain why religiously active people tend to smoke and drink much less and to have healthier lifestyles (Islam & Johnson, 2003; Koenig & Vaillant, 2009; Masters & Hooker, 2013). In one Gallup survey of 550,000 Americans, 15 percent of the very religious were smokers, as were 28 percent of the nonreligious (Newport et al., 2010). But such lifestyle differences are not great enough to explain the dramatically reduced mortality in the Israeli religious settlements.

In American studies, too, about 75 percent of the longevity difference remained when researchers controlled for unhealthy behaviors, such as inactivity and smoking (Musick et al., 1999).
Social support

Could social support explain the faith factor (Ai et al., 2007; Kim-Yeary et al., 2012)? Faith is often a communal experience. To belong to a faith community is to participate in a support network. Religiously active people are there for one another when misfortune strikes. Moreover, religion encourages marriage, another predictor of health and longevity. In the Israeli religious settlements, for example, divorce has been almost nonexistent. In the 20-year nurses study, social support was the biggest contributor to the religiosity factor—explaining a fourth of its effect.

Positive emotions

Even after controlling for social support, gender, unhealthy behaviors, and preexisting health problems, the mortality studies have found that religiously engaged people tend to live longer (Chida et al., 2009). Researchers speculate that religiously active people may benefit from a stable, coherent worldview, a sense of hope for the long-term future, feelings of ultimate acceptance, and the relaxed meditation of prayer or other religious observance. These intervening variables may also help to explain why the religiously active have had healthier immune functioning, fewer hospital admissions, and, for people with AIDS, fewer stress hormones and longer survival (Ironson et al., 2002; Koenig & Larson, 1998; Lutgendorf et al., 2004).

RETRIEVAL PRACTICE

RP-15 What are some of the tactics we can use to successfully manage the stress we cannot avoid?

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RETRIEVAL PRACTICE ANSWER

RP-15 Aerobic exercise, relaxation procedures, mindfulness meditation, and religious engagement