



Religious Communities and Human Flourishing

Tyler J. VanderWeele

Harvard T. H. Chan School of Public Health, Program on Integrative Knowledge and Human Flourishing, Harvard University

Abstract

Participation in religious services is associated with numerous aspects of human flourishing, including happiness and life satisfaction, mental and physical health, meaning and purpose, character and virtue, and close social relationships. Evidence for the effects of religious communities on these flourishing outcomes now comes from rigorous longitudinal study designs with extensive confounding control. The associations with flourishing are much stronger for communal religious participation than for spiritual-religious identity or for private practices. While the social support is an important mechanism relating religion to health, this only explains a small portion of the associations. Numerous other mechanisms appear to be operative as well. It may be the confluence of the religious values and practices, reinforced by social ties and norms, that give religious communities their powerful effects on so many aspects of human flourishing.

Keywords

religion, well-being, health, community, flourishing, virtue, happiness, meaning

Studies over the past several decades have provided increasingly strong evidence for an effect of participation in religious communities on numerous aspects of human well-being (Idler, 2014; Koenig, King, & Carson, 2012; VanderWeele, 2017a, 2017b). Although many of the early studies were methodologically weak, there is now a large body of rigorous empirical studies with longitudinal data and good confounding control (VanderWeele, Jackson, & Li, 2016) that indicate that religious community is a major contributor to human flourishing.

Religion and Physical and Mental Health

Longitudinal studies indicate that attending religious services at least weekly is associated with 25% to 35% reduced mortality over 10 to 15 years. The effects may be larger for women than men, and for Black individuals than White, and in some countries versus others, but they seem to persist across gender, race, and across different religious groups as well (Chida, Steptoe, & Powell, 2009; Hayward & Elliott, 2014; Hummer, Rogers, Nam, & Ellison, 1999; Idler, 2014; Koenig et al., 2012; Li, Stamfer, Williams, & VanderWeele, 2016; Musick,

House, & Williams, 2004; Strawbridge, Cohen, Shema, & Kaplan, 1997; VanderWeele, 2017a). One study indicated that if regular service attendance were maintained over the life course, the lower mortality rates would translate into approximately 7 additional years of life (Hummer et al., 1999).

Religious service attendance is also associated with numerous health behaviors over time including less frequent smoking initiation, greater smoking cessation, less alcohol abuse, and less illegal drug use; attendance is not, however, strongly protectively associated with all health behaviors, as the associations with diet, exercise, and weight appear more mixed (Idler, 2014; Koenig et al., 2012; Strawbridge et al., 1997).

Religious service attendance is also longitudinally associated with better mental health, including approximately 20% to 30% lower rates in the incidence of depression (Li, Okereke, Chang, Kawachi, & VanderWeele, 2016; Koenig, 2009; VanderWeele, 2017a), and with 3- to 6-fold lower rates of suicide (Kleinman & Liu, 2014;

Corresponding Author:

Tyler J. VanderWeele, Harvard T. H. Chan School of Public Health, 677 Huntington Ave., Boston, MA 02115
E-mail: tvanderw@hsph.harvard.edu

VanderWeele, Li, Tsai, & Kawachi, 2016). While cross-sectional studies suggest a protective association with anxiety, this does not seem to hold up in longitudinal analyses (Koenig et al., 2012; Li, Stamfer et al., 2016).

Religion and Social Relationships

There is also evidence that religious service attendance is associated with better social relationships. Numerous studies have examined associations between attendance and divorce (Koenig et al., 2012). Although many of these are cross-sectional, the longitudinal designs suggest that those attending religious services at baseline are 30% to 50% less likely to divorce in follow-up (Li, Kubzansky, & VanderWeele, 2016; Strawbridge et al., 1997; Wilcox & Wolfinger, 2016). There are also longitudinal studies that indicate religious service attendance is associated with an increased likelihood of subsequently making new friends, of marrying, of having non-religious community membership, and of higher social support (Li, Kubzansky et al., 2016; Lim & Putnam, 2010; Strawbridge et al., 1997; Wilcox & Wolfinger, 2016).

Religion and Life Satisfaction

Numerous studies have also indicated an association between attending services and happiness and life satisfaction (Myers, 2008; Koenig et al., 2012); almost all of these are cross-sectional, but the existing longitudinal evidence, controlling for numerous social and demographic covariates and baseline life satisfaction, offers some confirmation of this (Lim & Putnam, 2010).

Religion and Meaning

Other studies have examined meaning and purpose. The vast majority of these have suggested that service attendance is associated with a greater sense of meaning or purpose in life, but once again, almost all of these studies are cross-sectional (Koenig et al., 2012). However, there is also some evidence that service attendance is longitudinally associated with greater meaning in life, even after control for social and demographic covariates and baseline meaning in life (Krause & Hayward, 2012).

Religion and Virtue

With the relationship between religion and virtue, once again, many of the studies employ cross-sectional designs. However, there is longitudinal evidence that those who attend services are subsequently more generous in charitable giving, more likely to volunteer, and are more civically engaged (Putnam & Campbell, 2012). There is also evidence that religious service attendance

is associated with lower rates of crime, and although most of this evidence again comes from cross-sectional studies, the evidence from longitudinal studies appears to confirm this as well (Johnson, 2011; Johnson, Jang, Larson, & Li, 2001). In the case of character and virtue, there is also some interesting evidence from experimental designs, not specifically concerning religion service attendance but other aspects of religions. There have been a number of randomized priming experiments suggesting at least short-term effects of religious prompts on prosocial behavior (Shariff, Willard, Andersen, & Norenzayan, 2016). There is also some experimental evidence that encouragement for couples to pray together increases forgiveness, gratitude, and trust (Lambert, Fincham, Lavalley, & Brantley, 2012).

Evidence for Causality

There is thus evidence that religious service attendance is longitudinally associated with happiness and life satisfaction, physical and mental health, meaning and purpose, character and virtue, and close social relationships. A question that naturally arises is whether these associations are causal.

Many of the early studies on religion and health were methodologically weak and used cross-sectional or ecologic/group-averaged data. This is problematic because of the possibility of reverse causation—that only those who are healthy can attend services. The only way to attempt to rule this out is to use longitudinal data collected over time and to control for baseline health and well-being (VanderWeele, Jackson et al., 2016). As noted above, there are now numerous longitudinal studies examining service attendance and mortality, depression, suicide, divorce, etc., with good confounding control, and in these studies, the associations still persist. Nevertheless, these studies do make use of observational data, and it is always possible that unmeasured confounding may explain some of these associations. It is, however, possible to use sensitivity analysis (VanderWeele & Ding, 2017) to examine how strong such unmeasured confounding would have to be to explain away the associations. For example, Li, Stamfer et al. (2016) reported that to explain away the estimate of 33% lower mortality in follow-up for those regularly attending services, an unmeasured confounder that was associated with both lower mortality and greater attendance by risk ratios of 2.35-fold each (i.e. with 2.35-fold lower mortality and 2.35-fold higher service attendance), above and beyond the measured confounders, could explain the association away, but weaker confounding could not. Such substantial confounding by unmeasured factors may be unlikely, given adjustments already made for an extensive set of measured confounders.

The corresponding measures to explain away the 29% lower depression incidence for those regularly attending services would be an unmeasured confounder associated with service attendance and lower depression by risk ratios of 2.1-fold each. And the corresponding measures to explain away the 84% lower suicide risk for those regularly attending services (VanderWeele, Li et al., 2016) would be an unmeasured confounder associated with service attendance and lower suicide by risk ratios of 12-fold each. In this case, extremely strong unmeasured confounding would be required. With observational data, one can never be certain about causality, but the results of sensitivity analysis, after extensive control for measured covariates, suggest that the evidence that some of the association is causal is quite strong. Another form of evidence that some of the association between religion and health and well-being is causal is that there are a number of plausible mechanisms.

Mechanisms

Numerous mechanisms, or potential mediators, have been proposed for the associations between religious service attendance and health. Assessing mechanisms is more difficult, and the research on this for service attendance is not as strong (VanderWeele, 2015). Nevertheless, for the relationship between attendance and mortality, there is evidence that social support, lower smoking, greater optimism, and lower depression may all be important (Koenig et al., 2012; Li, Stamfer et al., 2016). Greater meaning and purpose in life and greater self-control have also been proposed as possible mechanisms (Koenig et al., 2012).

The existing evidence also suggests that the mechanisms may vary across outcomes. For the effect of religious services on decreased depression, the mechanisms of social support, optimism, and meaning in life might all be important (Koenig et al., 2012). For greater life satisfaction, the social relationships that religious services provide seem to play an especially important role, perhaps accounting for nearly half of the effect (Lim & Putnam, 2010). For the dramatically lower suicide rates among those attending religious services, while social support, less alcohol, and less depression may account for some of the effect, these factors may not be as explanatory as might be thought and the moral belief that suicide is wrong, reinforced by religious communities, is perhaps here of considerable importance (Koenig, 2009; VanderWeele, Li et al., 2016). With lower divorce rates among those attending religious services, the programs within religious communities that support families and marriages are likely important, as are perhaps the teachings on love and sacrifice, the prohibitions against infidelity and divorce, and greater levels of life

satisfaction and lower depression within married life (Li, Kubzansky, et al., 2016; Wilcox & Wolfinger, 2016).

Another important mechanism relating religious participation to health may be the use of religious coping. Most Americans use religion or spirituality to cope with illness or stress (Koenig et al., 2012), and there is evidence that this likewise leads to better mental and physical health outcomes, at least in clinical contexts (Pargament, Koenig, Tarakeshwar, & Hahn, 2004). Religious coping may help in finding meaning and strengthening relationships in the context of suffering and illness. Another mechanism by which religious participation may affect health is that of forgiveness, the replacing of ill-will toward an offender with good-will (Worthington, 2013). Many religious groups promote some notion of forgiveness. The existing research suggests that forgiveness is itself associated with better mental health, and possibly with better physical health (Toussaint, Worthington, & Williams, 2015). Relatively strong evidence comes from randomized trials of interventions to promote forgiveness: Meta-analyses indicate that these forgiveness interventions have beneficial effects not only on forgiveness but also on depression, anxiety, and hope (Wade, Hoyt, Kidwell, & Worthington, 2014). Although most of these forgiveness interventions do require a trained professional, there is some preliminary randomized trial evidence that even workbook forgiveness interventions, which can be done on one's own, are effective in bringing about forgiveness and perhaps alleviating depression (Harper et al., 2014; cf. <http://www.evworthington-forgiveness.com/diy-workbooks>). Religious groups promote forgiveness and forgiveness itself can restore relationships and improve mental health and well-being. There thus appear to be many pathways from religious service attendance to health and well-being.

Religious Community

An interesting aspect of the religious participation research is that it suggests that it is religious service attendance, rather than self-assessed spirituality or religiosity, or private practices, that most powerfully predicts health and well-being. Private practices, spiritual or religious identity, and religious coping are all more weakly associated with health (Musick et al., 2004; VanderWeele et al., 2017). Religious identity and private spiritual practices may of course still be important and meaningful within the context of religious life, but they do not appear to affect health and well-being as strongly. The communal element seems essential.

This also raises the question as to whether it is just community that matters and whether any community would be as effective. Although social support is an

important mechanism relating religious service attendance to better health and lower mortality, it seems to only explain about a quarter of the effect (Li, Stamfer et al., 2016). Moreover, some data indicate that religious service attendance is a stronger predictor of health and longevity than any other social support variable, including being married, number of close friends, number of close relatives, having recently seen a friend or a relative, and hours spent in social groups (Li, Stamfer et al., 2016). Certainly, other measures of social support and community participation do seem to be associated with better health as well, but the existing evidence suggests that the effects are not as strong nor over such a broader range of outcomes; moreover, weekly participation in religious services—still at 36% in the United States—seems to be a far more common form of community involvement than any other (VanderWeele, 2017a).

Nevertheless, given the diversity of the mechanisms, we might wonder how many of them really are fundamentally religious in nature. Although many of the mechanisms relating religion to health—social support, smoking, meaning and purpose, optimism—are seemingly not distinctively religious and could be operative in other contexts as well, some of these are arguably quite central to religious practice. Greater optimism and less depression may result from religious messages of faith and hope; meaning and purpose follow directly from profound religious understandings of the world and the place of human persons in it; even with something as seemingly mundane as less smoking, religious teachings that the body is a gift from God wherein the spirit dwells may have some effect on altering such behaviors. Thus, religious ideas may in fact be intertwined with many of these mechanisms. It is perhaps the bringing together of the religious and the social that gives religious service attendance its powerful effects (Lim & Putnam, 2010).

Negative Effects of Religious Community

Of course, religious service attendance and participation can potentially have detrimental effects as well. There is some evidence that the effect of attendance is less pronounced and even detrimental in countries that restrict freedoms (Hayward & Elliott, 2014); students in schools where their own religious affiliation is in the minority may be more likely to attempt suicide or self-harm (Young, Sweeting, & Ellaway, 2011); in one study, religious participation was associated with higher depression rates for unwed mothers (Koenig, 2009). Spiritual struggles have also been shown to be associated longitudinally with worse health (Pargament et al., 2004), and negative congregational interactions are associated with lower measures of well-being (Ellison,

Zhang, Krause, & Marcum, 2009). Although much of the evidence thus points to a beneficial effect of religious participation on health, it is clear that there are contexts and settings for which this is not so. Such research can also be of importance to religious communities in informing communal and pastoral practices.

Human Flourishing, Society, and the Ends of Religion

The review here has focused on religious community and individual flourishing. However, there is of course a broader societal dimension, which should be considered when assessing religion's contribution to human well-being both generally and also toward those who do not or no longer participate in religious communities. We have not, for example, discussed religious acts of terrorism or child sexual abuse in religious contexts. Although abuse rates may be higher in the general population (Koenig, 2017), the fact that they take place at all in religious contexts is very troubling. In evaluating the contribution of religious communities to flourishing, one would also want to take into account these problematic aspects, but similarly likewise the many contributions of religious communities to broader society as well such as food pantries, soup kitchens, prison outreach, counseling, civil rights, and Alcoholics Anonymous services (Idler, 2014; Levin, 2016), as well as the extensive provision of medical care. In some African countries, faith-based organizations may provide as much as half of all care (Idler, 2014). These are all undoubtedly crucial in evaluating the role of religion in society.

An even broader perspective might consider the historical contributions of religious communities, both positive and negative, such as the role such communities did or did not have in so-called wars of religion and also in the development of hospitals, universities, economics, law, human rights, science, and the preservation of learning (Carroll & Shiflett, 2001; Cavanaugh, 2009; Woods & Canizares, 2012).

But a yet broader perspective still would also consider what religious communities view as their own ends and purposes. Of course, neither health nor worldly satisfaction is the primary focus of the world's major religious traditions. Instead, a vision of or communion with God or the transcendent, or the living life as God intended, or a restoration to complete wholeness, are often central in the primary ends of religious communities (Aquinas, 1274/1948; Catholic Church, 2000; Koenig et al., 2012; Westminster, 1647/2014). Many religious communities teach that ultimate well-being extends beyond flourishing in this life and that these final ends of religion are to be given greater value. Given the focus of religion on the transcendent, it is thus perhaps remarkable that participation in religious communities

affects so many human flourishing outcomes in life, here and now, as well.

Recommended Reading

- Idler, E. L. (Ed.). (2014). (See References). An edited volume of important chapters on religion and health.
- Koenig, H. G., King, D. E., & Carson, V. B. (2012). (See References). A handbook summarizing thousands of studies on religion, health, and well-being through 2010.
- Lim, C., & Putnam, R. D. (2010). (See References). An important paper reporting longitudinal associations between religious service attendance and greater life satisfaction.
- Strawbridge, W. J., Cohen, R. D., Shema, S. J., & Kaplan, G. A. (1997). (See References). An important paper reporting longitudinal associations between religious service attendance and lower mortality, less smoking, greater exercise, less divorce, more community participation, and more friendships.
- VanderWeele, T. J. (2017a). (See References). A more in-depth summary of the rigorous longitudinal studies providing evidence for an effect of religious service attendance on health and well-being.

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