Religious Service Attendance and Health

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Recent research published in the last few months in JAMA Internal Medicine, JAMA Psychiatry, and the Annals of Behavioral Medicine has indicated that regular religious service attendance is associated with an approximately:

- 30% reduction in all-cause mortality over sixteen years of follow-up
- a five-fold reduction in the likelihood of suicide
- and a 30% reduction in the incidence of depression

The research reports, published out of the Harvard T.H. Chan School of Public Health, used data from the Nurses’ Health Study. The research confirmed previously reported associations in the literature. However, prior studies had come under critique for the possibility of “reverse causation” – that only those who are healthy can attend services, so that attendance isn’t necessarily influencing health. The new research addressed this by using repeated measurements of service attendance and health over time to control for whether changes in health preceded changes in service attendance. The associations between religious service attendance and longevity, suicide, and depression were all robust. Other research has moreover indicated that it is service attendance, rather than self-assessed religiosity or spirituality or solitary spiritual practice, that most strongly predicts health.

The research may be of interest to religious communities in helping to support a message about the power and importance of communal religious life.

The research may be of interest to health care providers in giving insight into religious participation as a powerful social determinant of health. The role of religion and spirituality in patient care has of course been controversial. The majority of patients say that they think that physicians should consider patients’ spiritual needs, but many physicians feel uncomfortable doing so. Some have suggested that taking a short four-question spiritual history may be appropriate in the clinical context:

- Is faith (religion, spirituality) important to you in this illness?
- Has faith been important to you at other times in your life?
- Do you have someone to talk to about religious matters?
- Would you like to explore religious matters with someone?

The research results on religion and health do not imply that physicians should universally “prescribe” religious service attendance. Decisions about religious practice and formation of religious beliefs are of course generally not made on the grounds of health, but rather reflect values, relationships, experiences, evidence, thought, upbringing and so on. However, for those who do already identify as being religious, service attendance might be encouraged, even in the clinical setting, as a form of meaningful social participation.
References:


